

## MAA - Annual Health Benefit Contribution Calculator

ANNUAL SALARY	Single Coverage			Couple Coverage			Parent/Children Coverage			Family Coverage		
	%	Direct 5	Direct 10	%	Direct 5	Direct 10	%	Direct 5	Direct 10	%	Direct 5	Direct 10
less than \$20,000.00	4.5%	\$ 636.18	\$ 1,048.20	3.5%	\$ 1,105.06	\$ 1,984.60	3.5%	\$ 736.34	\$ 1,506.74	3.0%	\$ 1,078.76	\$ 2,128.16
\$20,000.00 - \$24,999.99	5.5%	\$ 777.56	\$ 1,197.14	3.5%	\$ 1,105.06	\$ 1,984.60	3.5%	\$ 736.34	\$ 1,506.74	3.0%	\$ 1,078.76	\$ 2,128.16
\$25,000.00 - \$29,999.99	7.5%	\$ 1,060.31	\$ 1,495.01	4.5%	\$ 1,420.79	\$ 2,316.77	4.5%	\$ 946.72	\$ 1,731.52	4.0%	\$ 1,438.34	\$ 2,507.54
\$30,000.00 - \$34,999.99	10.0%	\$ 1,413.74	\$ 1,867.34	6.0%	\$ 1,894.38	\$ 2,815.02	6.0%	\$ 1,262.29	\$ 2,068.69	5.0%	\$ 1,797.93	\$ 2,886.93
\$35,000.00 - \$39,999.99	11.0%	\$ 1,555.12	\$ 2,016.28	7.0%	\$ 2,210.12	\$ 3,147.20	7.0%	\$ 1,472.67	\$ 2,293.47	6.0%	\$ 2,157.52	\$ 3,266.32
\$40,000.00 - \$44,999.99	12.0%	\$ 1,696.49	\$ 2,165.21	8.0%	\$ 2,525.85	\$ 3,479.37	8.0%	\$ 1,683.05	\$ 2,518.25	7.0%	\$ 2,517.10	\$ 3,645.70
\$45,000.00 - \$49,999.99	14.0%	\$ 1,979.24	\$ 2,463.08	10.0%	\$ 3,157.31	\$ 4,143.71	10.0%	\$ 2,103.82	\$ 2,967.82	9.0%	\$ 3,236.27	\$ 4,404.47
\$50,000.00 - \$54,999.99	20.0%	\$ 2,827.49	\$ 3,356.69	15.0%	\$ 4,735.96	\$ 5,804.56	15.0%	\$ 3,155.72	\$ 4,091.72	12.0%	\$ 4,315.03	\$ 5,542.63
\$55,000.00 - \$59,999.99	23.0%	\$ 3,251.61	\$ 3,803.49	17.0%	\$ 5,367.42	\$ 6,468.90	17.0%	\$ 3,576.49	\$ 4,541.29	14.0%	\$ 5,034.20	\$ 6,301.40
\$60,000.00 - \$64,999.99	27.0%	\$ 3,817.11	\$ 4,399.23	21.0%	\$ 6,630.35	\$ 7,797.59	21.0%	\$ 4,418.01	\$ 5,440.41	17.0%	\$ 6,112.96	\$ 7,439.56
\$65,000.00 - \$69,999.99	29.0%	\$ 4,099.86	\$ 4,697.10	23.0%	\$ 7,261.81	\$ 8,461.93	23.0%	\$ 4,838.78	\$ 5,889.98	19.0%	\$ 6,832.13	\$ 8,198.33
\$70,000.00 - \$74,999.99	32.0%	\$ 4,523.98	\$ 5,143.90	26.0%	\$ 8,209.00	\$ 9,458.44	26.0%	\$ 5,469.92	\$ 6,564.32	22.0%	\$ 7,910.89	\$ 9,336.49
\$75,000.00 - \$79,999.99	33.0%	\$ 4,665.36	\$ 5,292.84	27.0%	\$ 8,524.73	\$ 9,790.61	27.0%	\$ 5,680.30	\$ 6,789.10	23.0%	\$ 8,270.48	\$ 9,715.88
\$80,000.00 - \$84,999.99	34.0%	\$ 4,806.73	\$ 5,441.77	28.0%	\$ 8,840.46	\$ 10,122.78	28.0%	\$ 5,890.68	\$ 7,013.88	24.0%	\$ 8,630.06	\$ 10,095.26
\$85,000.00 - \$89,999.99	34.0%	\$ 4,806.73	\$ 5,441.77	30.0%	\$ 9,471.92	\$ 10,787.12	30.0%	\$ 6,311.45	\$ 7,463.45	26.0%	\$ 9,349.24	\$ 10,854.04
\$90,000.00 - \$94,999.99	34.0%	\$ 4,806.73	\$ 5,441.77	30.0%	\$ 9,471.92	\$ 10,787.12	30.0%	\$ 6,311.45	\$ 7,463.45	28.0%	\$ 10,068.41	\$ 11,612.81
\$95,000.00 - \$99,999.99	35.0%	\$ 4,948.10	\$ 5,590.70	30.0%	\$ 9,471.92	\$ 10,787.12	30.0%	\$ 6,311.45	\$ 7,463.45	29.0%	\$ 10,427.99	\$ 11,992.19
\$100,000.00 - \$109,999.99	35.0%	\$ 4,948.10	\$ 5,590.70	35.0%	\$ 11,050.58	\$ 12,447.98	35.0%	\$ 7,363.36	\$ 8,587.36	32.0%	\$ 11,506.75	\$ 13,130.35
\$110,000.00 and over	35.0%	\$ 4,948.10	\$ 5,590.70	35.0%	\$ 11,050.58	\$ 12,447.98	35.0%	\$ 7,363.36	\$ 8,587.36	35.0%	\$ 12,585.51	\$ 14,268.51

Full Annual Premium	Single		Couple		Parent/Children		Family	
	Direct 5	Direct 10	Direct 5	Direct 10	Direct 5	Direct 10	Direct 5	Direct 10
Medical	\$ 10,716.00	\$ 11,472.00	\$ 23,376.00	\$ 25,020.00	\$ 15,300.00	\$ 16,740.00	\$ 27,240.00	\$ 29,220.00
Prescription	\$ 2,984.40	\$ 2,984.40	\$ 7,435.08	\$ 7,435.08	\$ 4,748.04	\$ 4,748.04	\$ 7,435.08	\$ 7,435.08
Dental	\$ 345.60	\$ 345.60	\$ 616.08	\$ 616.08	\$ 841.32	\$ 841.32	\$ 1,113.00	\$ 1,113.00
Vision	\$ 91.44	\$ 91.44	\$ 145.92	\$ 145.92	\$ 148.80	\$ 148.80	\$ 170.52	\$ 170.52
<b>Total Premium</b>	<b>\$ 14,137.44</b>	<b>\$ 14,893.44</b>	<b>\$ 31,573.08</b>	<b>\$ 33,217.08</b>	<b>\$ 21,038.16</b>	<b>\$ 22,478.16</b>	<b>\$ 35,958.60</b>	<b>\$ 37,938.60</b>

Direct 10 - Upgrade Fee	\$ -	\$ 756.00	\$ -	\$ 1,644.00	\$ -	\$ 1,440.00	\$ -	\$ 1,980.00
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**% - MEANS PERCENTAGE OF THE FULL ANNUAL PREMIUM YOU ARE RESPONSIBLE FOR**  
**AMOUNTS FOR DIRECT 10 INCLUDE THE UPGRADE FEE**  
**TO DETERMINE YOUR PER PAY CONTRIBUTIONS, DIVIDE THE AMOUNT BY 20 (FOR 10 MONTH EMPLOYEES)**  
**OR 24 (FOR 12 MONTH EMPLOYEES)**