MEA/MSSA/COEA/CAFÉ MGRS/BMW - Annual Heath Benefit Contribution Calculator

FREEDOM 15 PLAN ONLY								
	SINGLE		COUPLE		PARENT/CHILDREN		FAMILY	
ANNUAL SALARY	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT
less than $20,000.00	4.5%	$ 624.89	3.5%	$ 1,084.78	3.5%	$ 709.53	3.0%	$ 1,061.02
$20,000.00 - $24,999.99	5.5%	$ 763.75	3.5%	$ 1,084.78	3.5%	$ 709.53	3.0%	$ 1,061.02
$25,000.00 - $29,999.99	7.5%	$ 1,041.48	4.5%	$ 1,394.72	4.5%	$ 912.25	4.0%	$ 1,414.69
$30,000.00 - $34,999.99	10.0%	$ 1,388.64	6.0%	$ 1,859.63	6.0%	$ 1,216.34	5.0%	$ 1,768.37
$35,000.00 - $39,999.99	11.0%	$ 1,527.50	7.0%	$ 2,169.57	7.0%	$ 1,419.06	6.0%	$ 2,122.04
$40,000.00 - $44,999.99	12.0%	$ 1,666.37	8.0%	$ 2,479.51	8.0%	$ 1,621.79	7.0%	$ 2,475.72
$45,000.00 - $49,999.99	14.0%	$ 1,944.10	10.0%	$ 3,099.38	10.0%	$ 2,027.23	9.0%	$ 3,183.06
$50,000.00 - $54999.99	20.0%	$ 2,777.28	15.0%	$ 4,649.08	15.0%	$ 3,040.85	12.0%	$ 4,244.08
$55,000.00 - $59,999.99	23.0%	$ 3,193.87	17.0%	$ 5,268.95	17.0%	$ 3,446.29	14.0%	$ 4,951.43
$60,000.00 - $64,999.99	27.0%	$ 3,749.33	21.0%	$ 6,508.71	21.0%	$ 4,257.19	17.0%	$ 6,012.45
$65,000.00 - $69,999.99	29.0%	$ 4,027.06	23.0%	$ 7,128.58	23.0%	$ 4,662.63	19.0%	$ 6,719.80
$70,000.00 - $74,999.99	32.0%	$ 4,443.65	26.0%	$ 8,058.40	26.0%	$ 5,270.80	22.0%	$ 7,780.82
$75,000.00 - $79,999.99	33.0%	$ 4,582.51	27.0%	$ 8,368.34	27.0%	$ 5,473.53	23.0%	$ 8,134.49
$80,000.00 - $84,999.99	34.0%	$ 4,721.38	28.0%	$ 8,678.28	28.0%	$ 5,676.25	24.0%	$ 8,488.17
$85,000.00 - $89,999.99	34.0%	$ 4,721.38	30.0%	$ 9,298.15	30.0%	$ 6,081.70	26.0%	$ 9,195.51
$90,000.00 - $94,999.99	34.0%	$ 4,721.38	30.0%	$ 9,298.15	30.0%	$ 6,081.70	28.0%	$ 9,902.86
$95,000.00 - $99,999.99	35.0%	$ 4,860.24	30.0%	$ 9,298.15	30.0%	$ 6,081.70	29.0%	$ 10,256.53
$100,000.00 - $109,999.99	35.0%	$ 4,860.24	35.0%	$ 10,847.84	35.0%	$ 7,095.31	32.0%	$ 11,317.56
$110,000.00 and over	35.0%	$ 4,860.24	35.0%	$ 10,847.84	35.0%	$ 7,095.31	35.0%	$ 12,378.58

Full Annual Premium	Single	Couple	Parent/Child	Family
Medical	$ 10,524.00	$ 22,944.00	$ 14,628.00	$ 26,796.00
Prescription	$ 2,925.36	$ 7,287.84	$ 4,654.20	$ 7,287.84
Dental	$ 345.60	$ 616.08	$ 841.32	$ 1,113.00
Vision	$ 91.44	$ 145.92	$ 148.80	$ 170.52
Total Premium	**$ 13,886.40**	**$ 30,993.84**	**$ 20,272.32**	**$ 35,367.36**

% - MEANS PERCENTAGE OF FULL ANNUAL PREMIUM THAT YOU ARE RESPONSIBLE FOR

TO DETERMINE YOUR PER PAY CONTRIBUTIONS, DIVIDE THE AMOUNT BY 20 (10 MONTH EMPLOYEES) OR 24 (12 MONTH)