

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%	\$ 656.70	\$ 1,088.34	3.5%	\$ 1,139.92	\$ 2,057.98	3.5%	\$ 759.02	\$ 1,567.94	3.0%	\$ 1,113.68	\$ 2,207.60
\$20,000.00 - \$24,999.99	5.5%	\$ 802.64	\$ 1,242.20	3.5%	\$ 1,139.92	\$ 2,057.98	3.5%	\$ 759.02	\$ 1,567.94	3.0%	\$ 1,113.68	\$ 2,207.60
\$25,000.00 - \$29,999.99	7.5%	\$ 1,094.51	\$ 1,549.91	4.5%	\$ 1,465.61	\$ 2,400.83	4.5%	\$ 975.88	\$ 1,799.92	4.0%	\$ 1,484.90	\$ 2,599.46
\$30,000.00 - \$34,999.99	10.0%	\$ 1,459.34	\$ 1,934.54	6.0%	\$ 1,954.14	\$ 2,915.10	6.0%	\$ 1,301.17	\$ 2,147.89	5.0%	\$ 1,856.13	\$ 2,991.33
\$35,000.00 - \$39,999.99	11.0%	\$ 1,605.28	\$ 2,088.40	7.0%	\$ 2,279.84	\$ 3,257.96	7.0%	\$ 1,518.03	\$ 2,379.87	6.0%	\$ 2,227.36	\$ 3,383.20
\$40,000.00 - \$44,999.99	12.0%	\$ 1,751.21	\$ 2,242.25	8.0%	\$ 2,605.53	\$ 3,600.81	8.0%	\$ 1,734.89	\$ 2,611.85	7.0%	\$ 2,598.58	\$ 3,775.06
\$45,000.00 - \$49,999.99	14.0%	\$ 2,043.08	\$ 2,549.96	10.0%	\$ 3,256.91	\$ 4,286.51	10.0%	\$ 2,168.62	\$ 3,075.82	9.0%	\$ 3,341.03	\$ 4,558.79
\$50,000.00 - \$54,999.99	20.0%	\$ 2,918.69	\$ 3,473.09	15.0%	\$ 4,885.36	\$ 6,000.76	15.0%	\$ 3,252.92	\$ 4,235.72	12.0%	\$ 4,454.71	\$ 5,734.39
\$55,000.00 - \$59,999.99	23.0%	\$ 3,356.49	\$ 3,934.65	17.0%	\$ 5,536.74	\$ 6,686.46	17.0%	\$ 3,686.65	\$ 4,699.69	14.0%	\$ 5,197.16	\$ 6,518.12
\$60,000.00 - \$64,999.99	27.0%	\$ 3,940.23	\$ 4,550.07	21.0%	\$ 6,839.51	\$ 8,057.87	21.0%	\$ 4,554.09	\$ 5,627.61	17.0%	\$ 6,310.84	\$ 7,693.72
\$65,000.00 - \$69,999.99	29.0%	\$ 4,232.10	\$ 4,857.78	23.0%	\$ 7,490.89	\$ 8,743.57	23.0%	\$ 4,987.82	\$ 6,091.58	19.0%	\$ 7,053.29	\$ 8,477.45
\$70,000.00 - \$74,999.99	32.0%	\$ 4,669.90	\$ 5,319.34	26.0%	\$ 8,467.96	\$ 9,772.12	26.0%	\$ 5,638.40	\$ 6,787.52	22.0%	\$ 8,166.97	\$ 9,653.05
\$75,000.00 - \$79,999.99	33.0%	\$ 4,815.84	\$ 5,473.20	27.0%	\$ 8,793.65	\$ 10,114.97	27.0%	\$ 5,855.26	\$ 7,019.50	23.0%	\$ 8,538.20	\$ 10,044.92
\$80,000.00 - \$84,999.99	34.0%	\$ 4,961.77	\$ 5,627.05	28.0%	\$ 9,119.34	\$ 10,457.82	28.0%	\$ 6,072.12	\$ 7,251.48	24.0%	\$ 8,909.42	\$ 10,436.78
\$85,000.00 - \$89,999.99	34.0%	\$ 4,961.77	\$ 5,627.05	30.0%	\$ 9,770.72	\$ 11,143.52	30.0%	\$ 6,505.85	\$ 7,715.45	26.0%	\$ 9,651.88	\$ 11,220.52
\$90,000.00 - \$94,999.99	34.0%	\$ 4,961.77	\$ 5,627.05	30.0%	\$ 9,770.72	\$ 11,143.52	30.0%	\$ 6,505.85	\$ 7,715.45	28.0%	\$ 10,394.33	\$ 12,004.25
\$95,000.00 - \$99,999.99	35.0%	\$ 5,107.70	\$ 5,780.90	30.0%	\$ 9,770.72	\$ 11,143.52	30.0%	\$ 6,505.85	\$ 7,715.45	29.0%	\$ 10,765.55	\$ 12,396.11
\$100,000.00 - \$109,999.99	35.0%	\$ 5,107.70	\$ 5,780.90	35.0%	\$ 11,399.18	\$ 12,857.78	35.0%	\$ 7,590.16	\$ 8,875.36	32.0%	\$ 11,879.23	\$ 13,571.71
\$110,000.00 and over	35.0%	\$ 5,107.70	\$ 5,780.90	35.0%	\$ 11,399.18	\$ 12,857.78	35.0%	\$ 7,590.16	\$ 8,875.36	35.0%	\$ 12,992.91	\$ 14,747.31

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	\$ 11,172.00	\$ 11,964.00	\$ 24,372.00	\$ 26,088.00	\$ 15,948.00	\$ 17,460.00	\$ 28,404.00	\$ 30,468.00
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
Total Premium	\$ 14,593.44	\$ 15,385.44	\$ 32,569.08	\$ 34,285.08	\$ 21,686.16	\$ 23,198.16	\$ 37,122.60	\$ 39,186.60

Direct 10 - Upgrade Fee	\$ -	\$ 792.00	\$ -	\$ 1,716.00	\$ -	\$ 1,512.00	\$ -	\$ 2,064.00
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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)
