

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

FREEDOM 15 PLAN ONLY								
ANNUAL SALARY	SINGLE		COUPLE		PARENT/CHILDREN		FAMILY	
	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT
less than \$20,000.00	4.5%	\$ 644.87	3.5%	\$ 1,119.22	3.5%	\$ 731.37	3.0%	\$ 1,095.22
\$20,000.00 - \$24,999.99	5.5%	\$ 788.17	3.5%	\$ 1,119.22	3.5%	\$ 731.37	3.0%	\$ 1,095.22
\$25,000.00 - \$29,999.99	7.5%	\$ 1,074.78	4.5%	\$ 1,439.00	4.5%	\$ 940.33	4.0%	\$ 1,460.29
\$30,000.00 - \$34,999.99	10.0%	\$ 1,433.04	6.0%	\$ 1,918.67	6.0%	\$ 1,253.78	5.0%	\$ 1,825.37
\$35,000.00 - \$39,999.99	11.0%	\$ 1,576.34	7.0%	\$ 2,238.45	7.0%	\$ 1,462.74	6.0%	\$ 2,190.44
\$40,000.00 - \$44,999.99	12.0%	\$ 1,719.65	8.0%	\$ 2,558.23	8.0%	\$ 1,671.71	7.0%	\$ 2,555.52
\$45,000.00 - \$49,999.99	14.0%	\$ 2,006.26	10.0%	\$ 3,197.78	10.0%	\$ 2,089.63	9.0%	\$ 3,285.66
\$50,000.00 - \$54,999.99	20.0%	\$ 2,866.08	15.0%	\$ 4,796.68	15.0%	\$ 3,134.45	12.0%	\$ 4,380.88
\$55,000.00 - \$59,999.99	23.0%	\$ 3,295.99	17.0%	\$ 5,436.23	17.0%	\$ 3,552.37	14.0%	\$ 5,111.03
\$60,000.00 - \$64,999.99	27.0%	\$ 3,869.21	21.0%	\$ 6,715.35	21.0%	\$ 4,388.23	17.0%	\$ 6,206.25
\$65,000.00 - \$69,999.99	29.0%	\$ 4,155.82	23.0%	\$ 7,354.90	23.0%	\$ 4,806.15	19.0%	\$ 6,936.40
\$70,000.00 - \$74,999.99	32.0%	\$ 4,585.73	26.0%	\$ 8,314.24	26.0%	\$ 5,433.04	22.0%	\$ 8,031.62
\$75,000.00 - \$79,999.99	33.0%	\$ 4,729.03	27.0%	\$ 8,634.02	27.0%	\$ 5,642.01	23.0%	\$ 8,396.69
\$80,000.00 - \$84,999.99	34.0%	\$ 4,872.34	28.0%	\$ 8,953.80	28.0%	\$ 5,850.97	24.0%	\$ 8,761.77
\$85,000.00 - \$89,999.99	34.0%	\$ 4,872.34	30.0%	\$ 9,593.35	30.0%	\$ 6,268.90	26.0%	\$ 9,491.91
\$90,000.00 - \$94,999.99	34.0%	\$ 4,872.34	30.0%	\$ 9,593.35	30.0%	\$ 6,268.90	28.0%	\$ 10,222.06
\$95,000.00 - \$99,999.99	35.0%	\$ 5,015.64	30.0%	\$ 9,593.35	30.0%	\$ 6,268.90	29.0%	\$ 10,587.13
\$100,000.00 - \$109,999.99	35.0%	\$ 5,015.64	35.0%	\$ 11,192.24	35.0%	\$ 7,313.71	32.0%	\$ 11,682.36
\$110,000.00 and over	35.0%	\$ 5,015.64	35.0%	\$ 11,192.24	35.0%	\$ 7,313.71	35.0%	\$ 12,777.58

Full Annual Premium	Single	Couple	Parent/Child	Family
Medical	\$ 10,968.00	\$ 23,928.00	\$ 15,252.00	\$ 27,936.00
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	\$ 14,330.40	\$ 31,977.84	\$ 20,896.32	\$ 36,507.36

% - 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)