

**MEA/MAA/MSSA/COEA/CAFÉ MGRS/BMW - Annual Health 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%	\$ 646.84	3.5%	\$ 1,123.08	3.5%	\$ 733.82	3.0%	\$ 1,098.50
\$20,000.00 - \$24,999.99	5.5%	\$ 790.59	3.5%	\$ 1,123.08	3.5%	\$ 733.82	3.0%	\$ 1,098.50
\$25,000.00 - \$29,999.99	7.5%	\$ 1,078.07	4.5%	\$ 1,443.96	4.5%	\$ 943.48	4.0%	\$ 1,464.67
\$30,000.00 - \$34,999.99	10.0%	\$ 1,437.43	6.0%	\$ 1,925.28	6.0%	\$ 1,257.97	5.0%	\$ 1,830.83
\$35,000.00 - \$39,999.99	11.0%	\$ 1,581.18	7.0%	\$ 2,246.16	7.0%	\$ 1,467.63	6.0%	\$ 2,197.00
\$40,000.00 - \$44,999.99	12.0%	\$ 1,724.92	8.0%	\$ 2,567.04	8.0%	\$ 1,677.29	7.0%	\$ 2,563.17
\$45,000.00 - \$49,999.99	14.0%	\$ 2,012.40	10.0%	\$ 3,208.80	10.0%	\$ 2,096.62	9.0%	\$ 3,295.50
\$50,000.00 - \$54,999.99	20.0%	\$ 2,874.86	15.0%	\$ 4,813.20	15.0%	\$ 3,144.92	12.0%	\$ 4,394.00
\$55,000.00 - \$59,999.99	23.0%	\$ 3,306.09	17.0%	\$ 5,454.96	17.0%	\$ 3,564.25	14.0%	\$ 5,126.34
\$60,000.00 - \$64,999.99	27.0%	\$ 3,881.07	21.0%	\$ 6,738.48	21.0%	\$ 4,402.89	17.0%	\$ 6,224.84
\$65,000.00 - \$69,999.99	29.0%	\$ 4,168.55	23.0%	\$ 7,380.24	23.0%	\$ 4,822.22	19.0%	\$ 6,957.17
\$70,000.00 - \$74,999.99	32.0%	\$ 4,599.78	26.0%	\$ 8,342.88	26.0%	\$ 5,451.20	22.0%	\$ 8,055.67
\$75,000.00 - \$79,999.99	33.0%	\$ 4,743.53	27.0%	\$ 8,663.76	27.0%	\$ 5,660.86	23.0%	\$ 8,421.84
\$80,000.00 - \$84,999.99	34.0%	\$ 4,887.27	28.0%	\$ 8,984.64	28.0%	\$ 5,870.52	24.0%	\$ 8,788.00
\$85,000.00 - \$89,999.99	34.0%	\$ 4,887.27	30.0%	\$ 9,626.40	30.0%	\$ 6,289.85	26.0%	\$ 9,520.34
\$90,000.00 - \$94,999.99	34.0%	\$ 4,887.27	30.0%	\$ 9,626.40	30.0%	\$ 6,289.85	28.0%	\$ 10,252.67
\$95,000.00 - \$99,999.99	35.0%	\$ 5,031.01	30.0%	\$ 9,626.40	30.0%	\$ 6,289.85	29.0%	\$ 10,618.84
\$100,000.00 - \$109,999.99	35.0%	\$ 5,031.01	35.0%	\$ 11,230.80	35.0%	\$ 7,338.16	32.0%	\$ 11,717.34
\$110,000.00 and over	35.0%	\$ 5,031.01	35.0%	\$ 11,230.80	35.0%	\$ 7,338.16	35.0%	\$ 12,815.84

Full Annual Premium	Single	Couple	Parent/Child	Family
Medical	\$ 10,968.00	\$ 23,928.00	\$ 15,252.00	\$ 27,936.00
Prescription	\$ 2,969.28	\$ 7,397.16	\$ 4,724.04	\$ 7,397.16
Dental	\$ 345.60	\$ 616.92	\$ 841.32	\$ 1,113.00
Vision	\$ 91.44	\$ 145.92	\$ 148.80	\$ 170.52
<b>Total Premium</b>	<b>\$ 14,374.32</b>	<b>\$ 32,088.00</b>	<b>\$ 20,966.16</b>	<b>\$ 36,616.68</b>

**% - 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 )**