



2018 Employee Monthly Contribution Rate Sheet

Medical	Employee	Employee + Spouse	Employee + Children	Family
Basic				
Full Time	\$57.00	\$255.00	\$210.00	\$326.00
Full Time -Passport to Wellness	\$42.00	\$240.00	\$195.00	\$311.00
Part Time	\$210.00	\$442.00	\$363.00	\$637.00
Part Time -Passport to Wellness	\$195.00	\$427.00	\$348.00	\$622.00
Premium				
Full Time	\$151.00	\$420.00	\$351.00	\$544.00
Full Time -Passport to Wellness	\$101.00	\$370.00	\$301.00	\$494.00
Part Time	\$341.00	\$730.00	\$606.00	\$895.00
Part Time -Passport to Wellness	\$291.00	\$680.00	\$556.00	\$845.00
High Deductible				
Full Time	\$33.00	\$144.00	\$120.00	\$203.00
Full Time -Passport to Wellness	\$18.00	\$129.00	\$105.00	\$188.00
Part Time	\$162.00	\$338.00	\$279.00	\$484.00
Part Time -Passport to Wellness	\$147.00	\$323.00	\$264.00	\$469.00
Spousal Coverage when other coverage is available		+\$100.00		+\$100.00

Dental	Employee	Employee + Spouse	Employee + Children	Family
Basic				
Full Time	\$5.20	\$19.90	\$16.10	\$36.60
Part Time	\$13.10	\$32.50	\$26.60	\$51.00
Premium				
Full Time	\$14.20	\$44.90	\$36.70	\$71.30
Part Time	\$27.20	\$62.30	\$51.00	\$90.60

Vision	Employee	Employee + Spouse	Employee + Children	Family
Basic				
Full Time	\$6.68	\$18.87	\$15.50	\$22.78
Part Time	\$9.68	\$23.92	\$19.63	\$31.59
Premium				
Full Time	\$9.57	\$24.16	\$19.75	\$28.68
Part Time	\$14.85	\$32.22	\$26.29	\$47.31

Medical Spending Account – Annual Debit Card Fee \$10.00

***Critical Illness and Accident premiums are not listed. Individualize rates are determined by age, selections made and smoking status. Rates will display during on-line enrollment.



Our specialty is you.

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Long Term Disability

Age Group	Basic	Premium *
	Rate per \$100 of Monthly Salary	Rate per \$100 of Monthly Salary
Less than 25	\$0.306	\$0.029
25-29	\$0.306	\$0.036
30-34	\$0.306	\$0.071
35-39	\$0.306	\$0.108
40-44	\$0.306	\$0.161
45-49	\$0.306	\$0.218
50-54	\$0.306	\$0.301
55-59	\$0.306	\$0.319
60-64	\$0.306	\$0.337
65-69	\$0.306	\$0.350
70+	\$0.306	\$0.359

* Employees in their first year of full-time continuous service wishing to purchase Premium coverage should add the Basic and Premium rates together. After one-year of full-time continuous employment, St. Luke's pays for the Basic coverage.

To calculate monthly premium: Hourly Rate x 174 x FTE ÷ 100 x LTD Rate

Employee Supplemental Life

Attained Age	Full Time	Part Time
	Rate per \$1,000 of Annual Salary	Rate per \$10,000 Unit
Less than 25	\$0.050	\$0.50
25 - 29	\$0.060	\$0.60
30 - 34	\$0.080	\$0.80
35 - 39	\$0.090	\$0.90
40 - 44	\$0.122	\$1.22
45 - 49	\$0.202	\$2.02
50 - 54	\$0.298	\$2.98
55 - 59	\$0.537	\$5.37
60 - 64	\$0.926	\$9.26
65 - 69	\$1.532	\$15.32
70 - 74	\$2.351	\$23.51
75 - 79	\$3.607	\$36.07
80 - 84	\$3.607	\$36.07
85+	\$5.184	\$51.84

See UNUM Term Life Insurance Brochure for monthly cost calculation worksheet.

Dependent Life

Plan	Cost Per Month
\$20,000 Spouse / \$10,000 Child	\$2.35
5,000 Spouse / \$2,500 Child	\$1.17