

Medical	Employee	Employee + Spouse	Employee + Children	Family
Basic				
Full Time	\$63.00	* \$292.00	\$239.00	* \$373.00
Full Time - Passport to Wellness	\$55.50	* \$284.50	\$231.50	* \$365.50
Part Time	\$239.00	* \$506.00	\$415.00	* \$730.00
Part Time - Passport to Wellness	\$231.50	* \$498.50	\$407.50	* \$722.50
Premium				
Full Time	\$166.00	* \$476.00	\$397.00	* \$619.00
Full Time - Passport to Wellness	\$153.50	* \$463.50	\$384.50	* \$606.50
Part Time	\$385.00	* \$833.00	\$690.00	* \$1022.00
Part Time - Passport to Wellness	\$372.50	* \$820.50	\$677.50	* \$1009.50
High Deductible				
Full Time	\$36.00	* \$163.00	\$135.00	* \$231.00
Full Time -Passport to Wellness	\$28.50	* \$155.50	\$127.50	* \$223.50
Part Time	\$184.00	* \$387.00	\$319.00	* \$554.00
Part Time-Passport to Wellness	\$176.50	* \$379.50	\$311.50	* \$546.50
Spousal Coverage when other coverage is available or Spousal Affidavit/Certification is not received		+\$150.00		+\$150.00
Dental	Employee	Employee + Spouse	Employee + Children	Family
Basic				
Full Time	\$5.30	\$20.28	\$16.41	\$37.31
Part Time	\$13.35	\$33.13	\$27.11	\$51.99
Premium				
Full Time	\$14.47	\$45.77	\$37.41	\$72.68
Part Time	\$27.73	\$63.50	\$51.99	\$92.35
Vision	Employee	Employee + Spouse	Employee + Children	Family
Basic				
Full Time	\$7.07	\$18.23	\$14.90	\$24.10
Part Time	\$7.07	\$18.23	\$14.90	\$24.10
Premium				
Full Time	\$10.12	\$25.56	\$20.89	\$30.34
Part Time	\$10.12	\$25.56	\$20.89	\$30.34

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

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

Calculate Monthly Premium

Salary x # increments = (round up \$) divide by 1,000 = then multiply that amt. by age amt on table above = Monthly Cost \$ _____

Dependent Life

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