

EMPLOYEE BENEFITS 2018 RATES

Effective Jan. 1, 2018 – Dec. 31, 2018



For ALL Employees Electing Group Medical & Dental Coverage with AmeriBen/IEC Group

Basic Option: Medical Plan Weekly Contribution

| Plan Choice | Monthly Premium | Company Pays | Employee Rate (Pre-Tax) | Rate with Tobacco Free Credit |
|----------------------|-----------------|--------------|-------------------------|-------------------------------|
| Employee Only | \$429 | \$67* | \$32* | \$27 |
| Employee + 1 | \$845 | \$118* | \$77* | \$72 |
| Family | \$1,244 | \$158* | \$129* | \$124 |

*Cost will be \$5 less each week if non tobacco certification is signed, otherwise full.

PPO Option: Medical Plan Weekly Contribution

| Plan Choice | Monthly Premium | Company Pays | Employee Rate (Pre-Tax) | Rate with Tobacco Free Credit |
|----------------------|-----------------|--------------|-------------------------|-------------------------------|
| Employee Only | \$633 | \$88* | \$58* | \$53 |
| Employee + 1 | \$1,179 | \$157* | \$115* | \$110 |
| Family | \$1,742 | \$228* | \$174* | \$169 |

*Cost will be \$5 less each week if non tobacco certification is signed, otherwise full.

Dental Plan Weekly Contribution

| Plan Choice | Monthly Premium | Company Pays | Employee Rate (Pre-Tax) |
|----------------------|-----------------|--------------|-------------------------|
| Employee Only | \$52 | \$3 | \$9 |
| Employee + 1 | \$99.66 | \$9 | \$14 |
| Family | \$147.33 | \$11 | \$23 |