FULL TIME EMPLOYEES
PLAN YEAR 10/1/16 - 9/30/17

PPO KC 200	PLAN A				PLAN B				
Coverage Level	Monthly Benefit Cost	Mo. County Cost Plan A	**Per Pay Period- A**	Annual Cost Plan A	Mo.County Cost Plan B	Per Pay Period - B	Annual Cost Plan B	**Mo. HRA**	**Ann. HRA**
EMPLOYEE	$ 699.00	$ 684.22	**$ 7.39**	$ 177.36	$ 659.22	$ 19.89	$ 477.36	$ 31.80	**$ 381.60**
EE + Children	$ 977.00	$ 763.82	**$ 106.59**	$ 2,558.16	$ 738.82	$ 119.09	$ 2,858.16	$ 10.00	**$ 120.00**
EE + Spouse	$ 1,441.00	$ 897.42	**$ 271.79**	$ 6,522.96	$ 872.42	$ 284.29	$ 6,822.96	$ 10.00	**$ 120.00**
FAMILY	$ 1,701.00	$ 971.82	**$ 364.59**	$ 8,750.16	$ 946.82	$ 377.09	$ 9,050.16	$ 10.00	**$ 120.00**

PPO KC 1000	PLAN A				PLAN B				
Coverage Level	Monthly Benefit Cost	Mo. County Cost Plan A	**Per Pay Period - A**	Annual Cost Plan A	Mo.County Cost Plan B	Per Pay Period - B	Annual Cost Plan B	**Mo. HRA**	**Ann. HRA**
EMPLOYEE	$ 646.00	$ 646.00	**$0**	$0	$ 621.00	$ 12.50	$ 300.00	$ 117.00	**$ 1,404.00**
EE + Children	$ 902.00	$ 742.42	**$ 79.79**	$ 1,914.96	$ 717.42	$ 92.29	$ 2,214.96	$ 38.61	**$ 463.32**
EE + Spouse	$ 1,332.00	$ 866.02	**$ 232.99**	$ 5,591.76	$ 841.02	$ 245.49	$ 5,891.76	$ 38.61	**$ 463.32**
FAMILY	$ 1,572.00	$ 934.82	**$ 318.59**	$ 7,646.16	$ 909.82	$ 331.09	$ 7,946.16	$ 38.61	**$ 463.32**

QHD 1300	PLAN A				PLAN B				
Coverage Level	Monthly Benefit Cost	Mo. County Cost Plan A	**Per Pay Period - A**	Annual Cost Plan A	Mo.County Cost Plan B	Per Pay Period - B	Annual Cost Plan B	**Mo. HSA**	**Ann. HSA**
EMPLOYEE	$ 506.00	$ 506.00	**$0**	$0	$ 481.00	$ 12.50	$ 300.00	$ 117.00	**$ 1,404.00**
EE + Children	$ 706.00	$ 686.42	**$ 9.79**	$ 234.96	$ 661.42	$ 22.29	$ 534.96	$ 38.61	**$ 463.32**
EE + Spouse	$ 1,041.00	$ 782.22	**$ 129.39**	$ 3,105.36	$ 757.22	$ 141.89	$ 3,405.36	$ 38.61	**$ 463.32**
FAMILY	$ 1,227.00	$ 835.42	**$ 195.79**	$ 4,698.96	$ 810.42	$ 208.29	$ 4,998.96	$ 38.61	**$ 463.32**

Dental Low					Employee's Cost				
Coverage Level	Monthly Benefit Cost	Mo. County Cost			**Per Pay Period**	Monthly Cost	Employee Annual Cost	Mo. HRA	**Ann. HRA**
EMPLOYEE	$ 25.00	$ 25.00			**$0**	$0	$0	$ 8.00	**$ 96.00**
EE + Children	$ 39.00	$ 34.20			**$ 2.40**	$ 4.80	$ 57.60		
EE + Spouse	$ 39.00	$ 34.20			**$ 2.40**	$ 4.80	$ 57.60		
FAMILY	$ 69.00	$ 41.00			**$ 14.00**	$ 28.00	$ 336.00		

Dental High					Employee's Cost		
Coverage Level	Monthly Benefit Cost	Mo. County Cost			**Per Pay Period**	Monthly Cost	Employee Annual Cost
EMPLOYEE	$ 33.00	$ 33.00			**$0**	$0	$0
EE + Children	$ 62.00	$ 39.60			**$ 11.20**	$ 22.40	$ 268.80
EE + Spouse	$ 58.00	$ 38.80			**$ 9.60**	$ 19.20	$ 230.40
FAMILY	$ 104.00	$ 49.60			**$ 27.20**	$ 54.40	$ 652.80

Optional Vision Plan	Employee's Cost		
Coverage Level	**Per Pay Period**	Monthly Cost	Employee Annual Cost
EMPLOYEE	**$ 2.89**	$ 5.78	$ 69.36
EE + Children	**$ 5.74**	$ 11.48	$ 137.76
EE + Spouse	**$ 5.49**	$ 10.98	$ 131.76
FAMILY	**$ 8.80**	$ 17.60	$ 211.20

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Waiving ALL coverage (health & dental) receive the following County-funded HRA/HSA Contributions:

Health: Mo. $31.80; Annual: $381.60 ; **Dental:** Mo. $33.00; Annual: $396.00

Plan A = Rates for completed HRA and Follow-Up Visit; **Plan B** = Rates for Non-Participating HRA and Follow-Up Visit