Part Time Employees
Plan Year 10/1/16 - 9/30/17

Anthem

PPO KC 200

Coverage level	Total Monthly Benefit Cost	Mo. County Cost Plan A	Plan A: Employee's Per Pay Period Plan A	Plan A: Annual Cost Plan A	Plan B: Mo. County Cost Plan B	Plan B: Employee's Per Pay Period Plan B	Plan B: Annual Cost Plan B
employee only	$ 699.00	$ 392.60	**$ 153.20**	$ 3,676.68	$ 367.60	$ 165.70	$ 3,976.80
EE+child(ren)	$ 977.00	$ 447.40	**$ 264.80**	$ 6,355.08	$ 422.40	$ 277.30	$ 6,655.20
EE+spouse	$ 1,441.00	$ 539.70	**$ 450.65**	$ 10,815.48	$ 514.70	$ 463.15	$ 11,115.60
family	$ 1,701.00	$ 590.90	**$ 555.05**	$ 13,321.08	$ 565.90	$ 567.55	$ 13,621.20

PPO KC1000

Coverage level	Total Monthly Benefit Cost	Mo. County Cost Plan A	Plan A: Employee's Per Pay Period Plan A	Plan A: Annual Cost Plan A	Plan B: Mo. County Cost Plan B	Plan B: Employee's Per Pay Period Plan B	Plan B: Annual Cost Plan B
employee only	$ 646.00	$ 370.50	**$ 137.75**	$ 3,306.00	$ 345.50	$ 150.25	$ 3,606.00
EE+child(ren)	$ 902.00	$ 432.70	**$ 234.65**	$ 5,631.48	$ 407.70	$ 247.15	$ 5,931.60
EE+spouse	$ 1,332.00	$ 518.00	**$ 407.00**	$ 9,767.88	$ 493.00	$ 419.50	$ 10,068.00
family	$ 1,572.00	$ 565.40	**$ 503.30**	$ 12,079.08	$ 540.40	$ 515.80	$ 12,379.20

QHD 1300 (HSA)

Coverage level	Total Monthly Benefit Cost	Mo. County Cost Plan A	Plan A: Employee's Per Pay Period Plan A	Plan A: Annual Cost Plan A	Plan B: Mo. County Cost Plan B	Plan B: Employee's Per Pay Period Plan B	Plan B: Annual Cost Plan B
employee only	$ 506.00	$ 293.00	**$ 106.50**	$ 2,556.00	$ 268.00	$ 119.00	$ 2,856.00
EE+child(ren)	$ 706.00	$ 394.20	**$ 155.90**	$ 3,741.48	$ 369.20	$ 168.40	$ 4,041.60
EE+spouse	$ 1,041.00	$ 460.10	**$ 290.45**	$ 6,970.68	$ 435.10	$ 302.95	$ 7,270.80
family	$ 1,227.00	$ 496.70	**$ 365.15**	$ 8,763.48	$ 471.70	$ 377.65	$ 9,063.60

Delta Dental

Dental Low

Coverage level	Total Monthly Benefit Cost	Monthly County Cost	Employee's Cost: Per Pay Period	Employee's Cost: Monthly Cost	Employee's Cost: Annual Cost
employee only	$ 25.00	**$ 13.00**	**$ 6.00**	$ 12.00	$ 144.00
EE+child(ren)	$ 39.00	**$ 18.10**	**$ 10.45**	$ 20.90	$ 250.80
EE+spouse	$ 39.00	**$ 18.10**	**$ 10.45**	$ 20.90	$ 250.80
family	$ 69.00	**$ 22.00**	**$ 23.50**	$ 47.00	$ 564.00

Dental High

Coverage level	Total Monthly Benefit Cost	Mo. County Cost	Employee's Cost: Per Pay Period	Employee's Cost: Monthly Cost	Employee's Cost: Annual Cost
employee only	$ 33.00	**$ 17.50**	**$ 7.75**	$ 15.50	$ 186.00
EE+child(ren)	$ 62.00	**$ 21.30**	**$ 20.35**	$ 40.70	$ 488.40
EE+spouse	$ 58.00	**$ 20.90**	**$ 18.55**	$ 37.10	$ 445.20
family	$ 104.00	**$ 27.30**	**$ 38.35**	$ 76.70	$ 920.40

United Healthcare - Optional Vision

Coverage level	Employee's Cost: Per Pay Period	Employee's Cost: Monthly Cost	Employee's Cost: Annual Cost
employee only	**$ 2.89**	$ 5.78	$ 69.36
EE+child(ren)	**$ 5.74**	$ 11.48	$ 137.76
EE+spouse	**$ 5.49**	$ 10.98	$ 131.76
family	**$ 8.80**	$ 17.60	$ 211.20

Waiving all coverage (health & dental) receive HRA/HSA Employer Contributions:

MONTHLY: $12.50 ANNUAL: $150.00