

## 2018 Medical Rates Per Paycheck

For active benefits eligible employees

		Completed MHA, Tobacco Affidavit and Physical		Completed MHA and Tobacco Affidavit OR Physical		Completed no requirements	
Health Center Plan	Total Cost Per Month	Monthly Employee Cost	Employee Cost Per Paycheck	Monthly Employee Cost	Employee Cost Per Paycheck	Monthly Employee Cost	Employee Cost Per Paycheck
Employee Only	\$668.31	\$104.38	\$48.18	\$154.38	\$71.25	\$204.38	\$94.33
Employee + Spouse	\$1,670.76	\$516.47	\$238.37	\$566.47	\$261.45	\$616.47	\$284.52
Employee + Child(ren)	\$1,202.95	\$385.34	\$177.85	\$435.34	\$200.93	\$485.34	\$224.00
Employee + Family	\$2,171.99	\$722.51	\$333.47	\$772.51	\$356.54	\$822.51	\$379.62

Consumer Choice Plan	Total Cost Per Month	Monthly Employee Cost	Employee Cost Per Paycheck	Monthly Employee Cost	Employee Cost Per Paycheck	Monthly Employee Cost	Employee Cost Per Paycheck
Employee Only	\$568.06	\$0.00	\$0.00	\$50.00	\$23.08	\$100.00	\$46.15
Employee + Spouse	\$1,420.15	\$350.27	\$161.66	\$400.27	\$184.74	\$450.27	\$207.82
Employee + Child(ren)	\$1,022.51	\$250.83	\$115.77	\$300.83	\$138.84	\$350.83	\$161.92
Employee + Family	\$1,846.20	\$525.41	\$242.50	\$575.41	\$265.57	\$625.41	\$288.65

