



Contribution levels for the medical and pharmacy plans are based on the Social Security taxable wage base (\$128,700 for 2018, indexed annually) to ensure our benefit plan cost-sharing model is appropriately aligned with our colleagues' income levels. The amount you pay for medical and pharmacy coverage is based on your annual base salary (your base rate of pay times your budgeted hours) and your participation in the Well-Being programs. If at any time during the 2019 plan year, you earn \$128,700 or more, you will pay a higher premium contribution per pay period for your medical insurance.

## 2019 MEDICAL RATES

Your per pay cost	Traditional PPO		Health Savings PPO		Essential PPO	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
<b>For colleagues earning less than the 2018 Social Security Taxable Wage base (\$128,700) - Level 1</b>						
Colleague only	\$ 43.08	\$104.18	\$ 34.53	\$83.09	\$ 23.95	\$64.67
Colleague + spouse/Eligible Adult	\$ 154.86	\$284.93	\$ 119.67	\$217.07	\$ 84.04	\$158.07
Colleague + child(ren)	\$ 148.38	\$270.58	\$ 120.74	\$217.33	\$ 92.81	\$170.76
Colleague + family	\$ 215.91	\$425.85	\$ 170.30	\$335.60	\$ 124.15	\$256.86
<b>For colleagues earning the 2018 Social Security Taxable Wage base (\$128,700) or more - Level 2</b>						
Colleague only	\$ 57.16	\$118.25	\$47.52	\$96.07	\$ 35.93	\$76.64
Colleague + spouse/Eligible Adult	\$ 185.83	\$315.90	\$148.24	\$245.63	\$ 110.39	\$184.42
Colleague + child(ren)	\$ 170.20	\$292.40	\$140.86	\$237.45	\$ 111.37	\$189.32
Colleague + family	\$ 254.62	\$464.57	\$206.00	\$371.30	\$ 157.08	\$289.79

## 2019 DENTAL RATES

Your per pay cost	High Plan		Standard Plan	
	Full-Time	Part-Time	Full-Time	Part-Time
Colleague only	\$9.57	\$12.07	\$5.39	\$7.84
Colleague + spouse/Eligible Adult	\$21.22	\$25.18	\$10.28	\$15.43
Colleague + child(ren)	\$23.55	\$28.16	\$11.57	\$17.36
Colleague + family	\$33.23	\$40.29	\$17.06	\$25.24

## 2019 VISION RATES

Your per pay cost	High Plan		Standard Plan	
	Full-Time	Part-Time	Full-Time	Part-Time
Colleague only	\$5.29		\$3.17	
Colleague + spouse/Eligible Adult	\$10.98		\$5.81	
Colleague + child(ren)	\$11.52		\$6.11	
Colleague + family	\$16.22		\$8.43	