

**AFSCME, NONUNION and REI EMPLOYEES  
INSURANCE RATES - 1/1/18**

**HEALTH INSURANCE  
(MEDICA--TRADITIONAL PLAN)**

<b><u>FAMILY COVERAGE</u></b>	<b><u>SINGLE + One</u></b>	<b><u>SINGLE COVERAGE</u></b>
Total cost is 2382.45/month	Total cost is 2013.82	Total cost is 805.52/month
<b>Full time employees pay 453.87/month</b> Employer pays 1928.58/month	<b>Full time employees pay 402.81/month</b> Employer pays 1611.01/month	<b>Full time employees pay 53.82/month</b> Employer pays 751.70/month
<b>Part time employees pay 1603.36/month</b> Employer pays 779.09/month	<b>Part time employees pay 1413.65/month</b> Employer pays 600.17/month	<b>Part time employees pay 403.70/month</b> Employer pays 401.82/month
*Married couple (both MMC employees) rates still apply for traditional health plan and dental.		

**(MEDICA--HIGH DEDUCTIBLE HEALTH PLAN)**

<b><u>FAMILY COVERAGE</u></b>	<b><u>SINGLE COVERAGE</u></b>
Total cost is /month 1803.44/month	Total cost is /month 675.56/month
<b>Full time employees pay 270.52/month</b> Employer pays 1532.92/month	<b>Full time employees pay 0/month</b> Employer pays 675.56
<b>Part time employees pay 955.83/month</b> Employer pays 847.61/month	<b>Part time employees pay 236.45 /month</b> Employer pays 439.11/month
High-Deductible-Health-Plan - Married couple rates (both MMC employees): Single coverage -Employee pays \$0 and Family Coverage - Employee pays \$77.54	

**DENTAL - (Delta Dental Plan of Wisconsin)**

<b><u>FAMILY COVERAGE</u></b>	<b><u>SINGLE COVERAGE</u></b>
Total cost is \$ 117.03/month	Total cost is \$ 36.30/month
<b>Full time employees pay 25% or \$29.26/mo</b> Employer pays \$87.77	<b>Full time employees pay 25% or \$9.08/mo</b> Employer pays \$27.22
<b>Part time employees pay 70% or \$81.92/mo</b> Employer pays \$35.11	<b>Part time employees pay 50% or 18.15/mo</b> Employer pays \$18.15

**LIFE INS. - CIGNA**

<b><u>BASIC COVERAGE</u></b>	<b><u>OPTIONAL COVERAGE</u></b>
Term life insurance Premium is 100% hospital paid (See Human Resources for the specific amount.)	Premium/\$10,000 of coverage
	18-24----- \$ .40/mo
	25-29----- .50/mo
	30-34----- .70/mo
	35-39----- 1.00/mo
	40-44----- 1.40/mo
	45-49----- 2.20/mo
	50-54----- 4.10/mo
	55-59----- 5.80/mo
	60-64----- 7.90/mo
	65-69----- 14.00/mo
	70-74----- 29.00/mo
	Over 75----- 47.00/mo

**LONGTERM DISABILITY - CIGNA**

\$24.95 per month (Employee pays 25% of premium.) <b>Employee portion is \$6.24 per month.</b> (Employer pays \$18.71)
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