

MCCCD EMPLOYEE BENEFITS
FY '17-'18 RATE CHART - PER PAY (12 MO. PAY EMPLOYEES)
LESS THAN 12 MO. PAY EMPLOYEE RATES WILL BE PRORATED

MEDICAL INSURANCE

ACCIDENTAL DEATH & PERSONAL LOSS INSURANCE

Core Plan

Buy-Up Plan

Employee Only:

0.00	Employee Only	14.78	\$ 25,000	0.29	\$ 300,000	3.46
32.02	Employee & Spouse	116.57	50,000	0.58	350,000	4.04
19.93	Employee & Child(ren)	90.30	100,000	1.15	400,000	4.62
84.92	Family	192.09	150,000	1.73	450,000	5.19
	Waive Medical Coverage		200,000	2.31	500,000	5.77
			250,000	2.88		

DENTAL INSURANCE

Employee & Dependents:

Levels of Coverage:

MetLife- PDP Plan **MetLife-Co-Pay Plan** **SunLife/Assurant**

Employee Only	28.77	8.70	5.34	\$ 25,000	0.35	\$300,000	4.15
Employee & Spouse	60.49	17.71	9.03	50,000	0.69	350,000	4.85
Employee & Child(ren)	64.83	21.77	12.52	100,000	1.38	400,000	5.54
Family	71.73	33.19	14.78	150,000	2.08	450,000	6.23
				200,000	2.77	500,000	6.92
				250,000	3.46		

SUPPLEMENTAL TERM LIFE INSURANCE

SHORT TERM DISABILITY INSURANCE

Levels of Coverage:

\$ 5,000 (A)	\$25,000 (E)	\$ 45,000 (I)	\$150,000 (M)	\$400,000 (Q)
10,000 (B)	30,000 (F)	50,000 (J)	200,000 (N)	500,000 (R)
15,000 (C)	35,000 (G)	75,000 (K)	250,000 (O)	
20,000 (D)	40,000 (H)	100,000 (L)	300,000 (P)	

(\$5,000-\$30,000 is pre-tax. \$35,000-\$500,000 is taxable.)

Costs are age related.

Premium calculations can be found on the back of this page or the web site.

<u>Annual Base Salary</u>	<u>Level</u>	<u>Cost</u>	<u>Annual Base Salary</u>	<u>Level</u>	<u>Cost</u>
\$4,500.00	250 (A)	0.61	\$39,600.00	\$2,200 (N)	5.38
7,200.00	400 (B)	0.98	42,300.00	2,350 (O)	5.75
9,900.00	550 (C)	1.35	45,000.00	2,500 (P)	6.12
12,600.00	700 (D)	1.71	47,700.00	2,650 (Q)	6.48
15,300.00	850 (E)	2.08	50,400.00	2,800 (R)	6.85
18,000.00	1,000 (F)	2.45	53,100.00	2,950 (S)	7.22
20,700.00	1,150 (G)	2.82	55,800.00	3,100 (T)	7.58
23,400.00	1,300 (H)	3.18	58,500.00	3,250 (U)	7.95
26,100.00	1,450 (I)	3.55	61,200.00	3,400 (V)	8.32
			63,900.00	3,550 (W)	8.69
28,800.00	1,600 (J)	3.91	66,600.00	3,700 (X)	9.05
31,500.00	1,750 (K)	4.28	69,300.00	3,850 (Y)	9.42
34,200.00	1,900 (L)	4.65	72,000.00	4,000 (Z)	9.78
36,900.00	2,050 (M)	5.02			

DEPENDENT TERM LIFE INSURANCE

Levels of Coverage:

\$ 5,000 (A)	0.91
10,000 (B)	1.81
15,000 (C)	2.72
20,000 (D)	3.63
25,000 (E)	4.54

CAFETERIA CREDITS

PER PAY

**Full-Time Employees
(.75 – 1.00 FTE)**

Waivers	\$ 38.46
Core Medical Plan – Employee Only	\$ 20.25

WELLNESS INCENTIVE DOLLARS

PER PAY

Wellness Incentive Dollars

Wellness Participation	\$ 9.23
Non-Tobacco User	\$13.85

SUPPLEMENTAL TERM LIFE INSURANCE RATES

Employee Age Category	Rate Per Pay Period Unit	Employee Age Category	Rate Per Pay Period Unit
<25	0.017	55-59	0.169
25-29	0.018	60-64	0.210
30-34	0.024	65-69	0.291
35-39	0.031	70-74	0.404
40-44	0.043	75-79	0.560
45-49	0.064	80-99	0.687
50-54	0.098		

Multiply the rate by the number of units to determine the per pay period cost. Less than 12 month employees will be prorated.

MY CHOICES OF BENEFITS & COSTS:

CAFETERIA CREDITS	+ \$ _____
WELLNESS INCENTIVE DOLLARS	+ \$ _____
MEDICAL COST	- \$ _____
DENTAL COST	- \$ _____
SUPPLEMENTAL LIFE COST	- \$ _____
DEPENDENT LIFE COST	- \$ _____
AD&PL COST	- \$ _____
SHORT TERM DISABILITY COST	- \$ _____
BALANCE	= \$ _____



**EMPLOYEE BENEFITS
RATE CHART
FY 2017-2018
MCCCD EMPLOYEE BENEFITS**

Premium per Pay Period Calculation for Supplemental Life Insurance:

The per pay period cost for your supplemental life insurance is based on the amount of coverage you elect and your age as of the date your coverage begins. Follow these steps to calculate your per pay period life insurance premium:

1. Enter your age (as of the date the coverage begins) on line ① below.
2. Choose your desired coverage amount from the provided “Supplemental Term Life Coverage Levels” above and write the amount on line ② below.
3. Determine the number of “units” of coverage by dividing your coverage amount by \$1,000—for example, \$35,000 divided by \$1,000 equals 35 units—then enter the number of units on line ③.
4. From the rate chart below, enter the rate for your age category on line ④.
5. Multiply the per pay period rate by the number of units and enter your cost on line ⑤.

Employee Age Category	Per Pay Period Rates per unit	Employee Age	Coverage Amount	Number of Units		Rate Per Unit (from chart)		Per Pay Period Premium
<25	0.017							
25-29	0.018							
30-34	0.024							
35-39	0.031							
40-44	0.043	①	②	③	x	④	=	⑤
45-49	0.064							
50-54	0.098	Example:						
55-59	0.169							
60-64	0.210	<u>52</u>	<u>\$35,000</u>	<u>35</u>	x	<u>\$0.098</u>	=	<u>\$3.43</u>
65-69	0.291							
70-74	0.404							
75-79	0.560							
80-99	0.687							