

FIGURE 5

2014-2015 PRORATED INSURANCE CALCULATIONS

Health Insurance monthly premiums
 Family \$ 1,431.13
 Single \$ 606.41

24 Pays									
Contract Hours per day	7	6.75	6.5	6	5.75	5.5	5	4.5	4
Employer %	87.4%	84.3%	81.2%	74.9%	71.8%	68.7%	62.4%	56.2%	49.9%
Family Benefit/PP	625.40	603.07	580.73	536.06	513.72	491.39	446.72	402.05	357.37
Family Deduction/PP	90.16	112.50	134.83	179.50	201.84	224.18	268.85	313.52	358.19
Single Benefit/PP	265.00	255.54	246.07	227.14	217.68	208.22	189.29	170.36	151.43
Single Deduction/PP	38.20	47.67	57.13	76.06	85.53	94.99	113.92	132.85	151.78
Employee %	12.6%	15.7%	18.8%	25.1%	28.2%	31.3%	37.6%	43.8%	50.1%

20 Pays									
Contract Hours per day	7	6.75	6.5	6	5.75	5.5	5	4.5	4
Employer %	87.4%	84.3%	81.2%	74.9%	71.8%	68.7%	62.4%	56.2%	49.9%
Family Benefit/PP	750.48	723.68	696.88	643.27	616.47	589.67	536.06	482.45	428.85
Family Deduction/PP	108.19	135.00	161.80	215.41	242.21	269.01	322.62	376.22	429.83
Single Benefit/PP	318.00	306.64	295.29	272.57	261.22	249.86	227.14	204.43	181.72
Single Deduction/PP	45.84	57.20	68.56	91.27	102.63	113.99	136.70	159.42	182.13
Employee %	12.6%	15.7%	18.8%	25.1%	28.2%	31.3%	37.6%	43.8%	50.1%

Dental Insurance monthly premium
 Family \$ 115.17
 Single \$ 44.58

24 Paychecks									
Contract Hours per day	7	6.75	6.5	6	5.75	5.5	5	4.5	4
Employer %	95.0%	91.6%	88.2%	81.4%	78.0%	74.6%	67.9%	61.1%	54.3%
Family Benefit/PP	54.71	52.75	50.80	46.89	44.94	42.98	39.08	35.17	31.26
Family Deduction/PP	2.88	4.83	6.79	10.69	12.65	14.60	18.51	22.42	26.32
Single Benefit/PP	21.18	20.42	19.66	18.15	17.39	16.64	15.13	13.61	12.10
Single Deduction/PP	1.11	1.87	2.63	4.14	4.90	5.65	7.16	8.68	10.19
Employee %	5.0%	8.4%	11.8%	18.6%	22.0%	25.4%	32.1%	38.9%	45.7%

20 Paychecks									
Contract Hours per day	7	6.75	6.5	6	5.75	5.5	5	4.5	4
Employer %	95.0%	91.6%	88.2%	81.4%	78.0%	74.6%	67.9%	61.1%	54.3%
Family Benefit/PP	65.65	63.30	60.96	56.27	53.92	51.58	46.89	42.20	37.51
Family Deduction/PP	3.46	5.80	8.14	12.83	15.18	17.52	22.21	26.90	31.59
Single Benefit/PP	25.41	24.50	23.60	21.78	20.87	19.97	18.15	16.34	14.52
Single Deduction/PP	1.34	2.24	3.15	4.97	5.88	6.78	8.60	10.41	12.23
Employee %	5.0%	8.4%	11.8%	18.6%	22.0%	25.4%	32.1%	38.9%	45.7%

Vision Insurance monthly premium
 Family \$ 17.17
 Single \$ 6.90

24 Paychecks									
Contract Hours per day	7	6.75	6.5	6	5.75	5.5	5	4.5	4
Employer %	95.0%	91.6%	88.2%	81.4%	78.0%	74.6%	67.9%	61.1%	54.3%
Family Benefit/PP	8.16	7.86	7.57	6.99	6.70	6.41	5.83	5.24	4.66
Family Deduction/PP	0.43	0.72	1.01	1.59	1.89	2.18	2.76	3.34	3.92
Single Benefit/PP	3.28	3.16	3.04	2.81	2.69	2.58	2.34	2.11	1.87
Single Deduction/PP	0.17	0.29	0.41	0.64	0.76	0.87	1.11	1.34	1.58
Employee %	5.0%	8.4%	11.8%	18.6%	22.0%	25.4%	32.1%	38.9%	45.7%

20 Paychecks									
Contract Hours per day	7	6.75	6.5	6	5.75	5.5	5	4.5	4
Employer %	95.00%	91.6%	88.2%	81.4%	78.0%	74.6%	67.9%	61.1%	54.3%
Family Benefit/PP	9.79	9.44	9.09	8.39	8.04	7.69	6.99	6.29	5.59
Family Deduction/PP	0.52	0.86	1.21	1.91	2.26	2.61	3.31	4.01	4.71
Single Benefit/PP	3.93	3.79	3.65	3.37	3.23	3.09	2.81	2.53	2.25
Single Deduction/PP	0.21	0.35	0.49	0.77	0.91	1.05	1.33	1.61	1.89
Employee %	5.0%	8.4%	11.8%	18.6%	22.0%	25.4%	32.1%	38.9%	45.7%