

**MONTHLY EMPLOYEE CONTRIBUTIONS**  
**January 1, 2016 -December 31, 2016**

<b>Benefit FTE</b>	<b>Employee Only</b>	<b>Employee + Spouse/DP<sup>1</sup></b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse/DP and Child(ren)<sup>1</sup></b>	<b>Coverage</b>
<b>UHC Option 1</b>					
1.0000	\$420.85	\$826.02	\$584.38	\$1,003.69	Medical, Vision, Dental, LTD, Life
.900 - .999	\$456.95	\$862.11	\$620.47	\$1,039.79	
.825 - .899	\$513.59	\$918.75	\$677.11	\$1,096.43	Medical, Vision, Dental, LTD
.750 - .824	\$567.19	\$972.36	\$730.72	\$1,150.03	
.676 - .749	\$604.18	\$1,009.35	\$767.71	\$1,187.02	Medical, Vision, Dental
.583 - .675	\$663.86	\$1,069.03	\$827.39	\$1,246.71	
.500 - .582	\$726.76	\$1,131.93	\$890.29	\$1,309.60	
.417 - .499	\$786.09	\$1,191.25	\$949.61	\$1,368.93	
.330 - .416	\$846.84	\$1,252.00	\$1,010.37	\$1,429.68	
<b>UHC Option 2</b>					
1.0000	\$252.24	\$517.45	\$359.28	\$633.74	Medical, Vision, Dental, LTD, Life
.900 - .999	\$288.33	\$553.54	\$395.37	\$669.84	
.825 - .899	\$344.97	\$610.19	\$452.01	\$726.48	Medical, Vision, Dental, LTD
.750 - .824	\$398.58	\$663.79	\$505.62	\$780.08	
.676 - .749	\$435.57	\$700.78	\$542.61	\$817.07	Medical, Vision, Dental
.583 - .675	\$495.25	\$760.46	\$602.29	\$876.75	
.500 - .582	\$558.15	\$823.36	\$665.19	\$939.65	
.417 - .499	\$617.47	\$882.68	\$724.51	\$998.98	
.330 - .416	\$678.23	\$943.44	\$785.26	\$1,059.73	
<b>UHC Option 3</b>					
1.0000	\$164.47	\$356.83	\$242.10	\$441.18	Medical, Vision, Dental, LTD, Life
.900 - .999	\$200.56	\$392.92	\$278.20	\$477.28	
.825 - .899	\$257.21	\$449.56	\$334.84	\$533.92	Medical, Vision, Dental, LTD
.750 - .824	\$310.81	\$503.17	\$388.45	\$587.52	
.676 - .749	\$347.80	\$540.16	\$425.43	\$624.51	Medical, Vision, Dental
.583 - .675	\$407.48	\$599.84	\$485.12	\$684.19	
.500 - .582	\$470.38	\$662.74	\$548.01	\$747.09	
.417 - .499	\$529.70	\$722.06	\$607.34	\$806.42	
.330 - .416	\$590.46	\$782.82	\$668.09	\$867.17	
<b>UHC Option 4,5,6</b>					
1.0000	\$116.74	\$253.28	\$171.85	\$313.15	Medical, Vision, Dental, LTD, Life
.900 - .999	\$152.83	\$289.37	\$207.94	\$349.24	
.825 - .899	\$209.47	\$346.01	\$264.58	\$405.88	Medical, Vision, Dental, LTD
.750 - .824	\$263.08	\$399.62	\$318.19	\$459.49	
.676 - .749	\$300.07	\$436.61	\$355.18	\$496.48	Medical, Vision, Dental
.583 - .675	\$359.75	\$496.29	\$414.86	\$556.16	
.500 - .582	\$422.65	\$559.19	\$477.76	\$619.06	
.417 - .499	\$481.97	\$618.51	\$537.08	\$678.38	
.330 - .416	\$542.73	\$679.26	\$597.84	\$739.13	
<b>Group Health Cooperative</b>					
1.0000	\$146.28	\$333.90	\$226.84	\$412.34	Medical, Vision, Dental, LTD, Life
.900 - .999	\$182.37	\$369.99	\$262.93	\$448.43	
.825 - .899	\$239.02	\$426.64	\$319.58	\$505.08	Medical, Vision, Dental, LTD
.750 - .824	\$292.62	\$480.24	\$373.18	\$558.68	
.676 - .749	\$329.61	\$517.23	\$410.17	\$595.67	Medical, Vision, Dental
.583 - .675	\$389.29	\$576.91	\$469.85	\$655.35	
.500 - .582	\$452.19	\$639.81	\$532.75	\$718.25	
.417 - .499	\$511.51	\$699.13	\$592.07	\$777.57	
.330 - .416	\$572.27	\$759.89	\$652.83	\$838.33	
<b>UHC HDHP Option 7</b>					
1.0000	\$91.29	\$198.06	\$134.38	\$244.88	Medical, Vision, Dental, LTD, Life
.900 - .999	\$127.38	\$234.16	\$170.47	\$280.98	
.825 - .899	\$184.02	\$290.80	\$227.11	\$337.62	Medical, Vision, Dental, LTD
.750 - .824	\$237.63	\$344.40	\$280.72	\$391.22	
.676 - .749	\$274.62	\$381.39	\$317.71	\$428.21	Medical, Vision, Dental
.583 - .675	\$334.30	\$441.07	\$377.39	\$487.89	
.500 - .582	\$397.20	\$503.97	\$440.29	\$550.79	
.417 - .499	\$456.52	\$563.30	\$499.61	\$610.12	
.330 - .416	\$517.28	\$624.05	\$560.36	\$670.87	

If Spouse/DP is eligible for other employer-sponsored coverage and declines to enroll, then add \$100 to above rates.