

Your Benefits

Everett School Employee Benefit Trust

**Monthly Employee Contributions (PRE-TAX) for Medical Coverage of Self, Spouse,
and Domestic Partner and/or Children who are Section 152 Dependents
January 1, 2017 - December 31, 2017**

Benefit FTE	Employee Only	Employee + Spouse/DP ¹	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) ¹	Coverage
Aetna Traditional					
1.0000	\$282.51	\$579.54	\$402.39	\$709.79	Medical, Vision, Dental, LTD, Life
.900 - .999	\$318.60	\$615.64	\$438.48	\$745.89	
.825 - .899	\$375.24	\$672.28	\$495.13	\$802.53	Medical, Vision, Dental, LTD
.750 - .824	\$428.85	\$725.89	\$548.73	\$856.13	
.676 - .749	\$461.38	\$758.41	\$581.26	\$888.66	Medical, Vision, Dental
.583 - .675	\$521.06	\$818.10	\$640.94	\$948.34	
.500 - .582	\$583.96	\$880.99	\$703.84	\$1,011.24	
.417 - .499	\$643.28	\$940.32	\$763.16	\$1,070.57	
.330 - .416	\$704.03	\$1,001.07	\$823.92	\$1,131.32	
Aetna Standard					
1.0000	\$184.21	\$399.65	\$271.16	\$494.12	Medical, Vision, Dental, LTD, Life
.900 - .999	\$220.30	\$435.74	\$307.25	\$530.22	
.825 - .899	\$276.94	\$492.38	\$363.89	\$586.86	Medical, Vision, Dental, LTD
.750 - .824	\$330.55	\$545.99	\$417.50	\$640.47	
.676 - .749	\$363.08	\$578.52	\$450.03	\$673.00	Medical, Vision, Dental
.583 - .675	\$422.76	\$638.20	\$509.71	\$732.68	
.500 - .582	\$485.66	\$701.10	\$572.61	\$795.57	
.417 - .499	\$544.98	\$760.42	\$631.93	\$854.90	
.330 - .416	\$605.73	\$821.18	\$692.68	\$915.65	
Aetna Core					
1.0000	\$130.75	\$283.67	\$192.47	\$350.72	Medical, Vision, Dental, LTD, Life
.900 - .999	\$166.84	\$319.76	\$228.56	\$386.82	
.825 - .899	\$223.48	\$376.41	\$285.20	\$443.46	Medical, Vision, Dental, LTD
.750 - .824	\$277.09	\$430.01	\$338.81	\$497.06	
.676 - .749	\$309.62	\$462.54	\$371.34	\$529.59	Medical, Vision, Dental
.583 - .675	\$369.30	\$522.22	\$431.02	\$589.27	
.500 - .582	\$432.20	\$585.12	\$493.92	\$652.17	
.417 - .499	\$491.52	\$644.44	\$553.24	\$711.50	
.330 - .416	\$552.27	\$705.20	\$614.00	\$772.25	
Aetna Classic					
1.0000	\$496.61	\$974.70	\$689.57	\$1,184.36	Medical, Vision, Dental, LTD, Life
.900 - .999	\$532.70	\$1,010.79	\$725.66	\$1,220.45	
.825 - .899	\$589.34	\$1,067.43	\$782.30	\$1,277.09	Medical, Vision, Dental, LTD
.750 - .824	\$642.95	\$1,121.04	\$835.91	\$1,330.70	
.676 - .749	\$675.48	\$1,153.57	\$868.44	\$1,363.23	Medical, Vision, Dental
.583 - .675	\$735.16	\$1,213.25	\$928.12	\$1,422.91	
.500 - .582	\$798.06	\$1,276.15	\$991.02	\$1,485.81	
.417 - .499	\$857.38	\$1,335.47	\$1,050.34	\$1,545.13	
.330 - .416	\$918.13	\$1,396.23	\$1,111.09	\$1,605.89	
Aetna Saver + HAS					
1.0000	\$94.94	\$205.98	\$139.75	\$254.68	Medical, Vision, Dental, LTD, Life
.900 - .999	\$131.03	\$242.08	\$175.85	\$290.77	
.825 - .899	\$187.67	\$298.72	\$232.49	\$347.41	Medical, Vision, Dental, LTD
.750 - .824	\$241.28	\$352.33	\$286.09	\$401.02	
.676 - .749	\$273.81	\$384.85	\$318.62	\$433.55	Medical, Vision, Dental
.583 - .675	\$333.49	\$444.54	\$378.30	\$493.23	
.500 - .582	\$396.39	\$507.43	\$441.20	\$556.13	
.417 - .499	\$455.71	\$566.76	\$500.53	\$615.45	
.330 - .416	\$516.47	\$627.51	\$561.28	\$676.20	
Group Health Cooperative					
1.0000	\$163.83	\$373.97	\$254.06	\$461.82	Medical, Vision, Dental, LTD, Life
.900 - .999	\$199.93	\$410.06	\$290.16	\$497.92	
.825 - .899	\$256.57	\$466.70	\$346.80	\$554.56	Medical, Vision, Dental, LTD
.750 - .824	\$310.18	\$520.31	\$400.40	\$608.16	
.676 - .749	\$342.70	\$552.84	\$432.93	\$640.69	Medical, Vision, Dental
.583 - .675	\$402.39	\$612.52	\$492.61	\$700.37	
.500 - .582	\$465.28	\$675.42	\$555.51	\$763.27	
.417 - .499	\$524.61	\$734.74	\$614.84	\$822.60	
.330 - .416	\$585.36	\$795.50	\$675.59	\$883.35	

Benefit FTE = Hours per day x compensated days per year divided by 1440.

¹ *Note: If Spouse/DP is eligible for other employer-sponsored coverage and declines to enroll, then add \$100 to above rates.*

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