

SUPPLEMENTAL INSURANCE COST EXAMPLE AT **12% TAX BRACKET**

Pre-Tax Savings

Not Including any Applicable State and City Taxes

Accident 1.0 Off the Job (pre-tax)

Assume 2 children for EE & Child(ren) and Family; Assume all family members take advantage of wellness

Net cost assumes pre-tax savings and wellness reimbursement

	Bi-Weekly Premium	Monthly Premium	Annual Premium	Tax Savings	Net Annual Premium Costs	Wellness \$50/ person per year	Net Annual Cost (Pre-tax Premium less Wellness Reimbursements, but before any other claims)	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$8.27	\$17.92	\$215.04	\$42.26	\$172.78	\$50.00	\$122.78	\$10.23	\$4.72
Employee & Spouse	\$11.06	\$23.96	\$287.52	\$56.50	\$231.02	\$100.00	\$131.02	\$10.92	\$5.04
Employee & Child(ren)	\$12.26	\$26.56	\$318.72	\$62.63	\$256.09	\$150.00	\$106.09	\$8.84	\$4.08
Family	\$15.05	\$32.61	\$391.32	\$76.89	\$314.43	\$200.00	\$114.43	\$9.54	\$4.40

MedicalBridge IMB7000 Age Tier 17-49 (pre-tax)

This is based on the new MB offered 9/1/2019 for \$1,000 inpatient benefit; Outpatient \$750 Tier 1, \$1,500 Tier 2 to Outpatient CYM \$2,500

Prior MB plans limited to 2 wellness claims per family
New 9/2019 IMB option per covered person
Assume EE, Spouse, & 2 Kids covered & utilize wellness

	Bi-Weekly Premium	Monthly Premium	Annual Premium	Tax Savings	Net Annual Premium Costs	Wellness \$50/ person per year	Net Annual Cost	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$11.52	\$24.95	\$299.40	\$58.83	\$240.57	\$50.00	\$190.57	\$15.88	\$7.33
Employee & Spouse	\$15.95	\$34.55	\$414.60	\$81.47	\$333.13	\$100.00	\$233.13	\$19.43	\$8.97
Employee & Child(ren)	\$20.35	\$44.10	\$529.20	\$103.99	\$425.21	\$150.00	\$275.21	\$22.93	\$10.59
Family	\$25.52	\$55.30	\$663.60	\$130.40	\$533.20	\$200.00	\$333.20	\$27.77	\$12.82

Cancer 3 Assist (pre-tax)

Assume two children enrolled for One Parent Family or Family and utilize wellness

	Bi-Weekly Premium	Monthly Premium	Annual Premium	Tax Savings	Net Annual Premium Costs	Wellness \$100/ person per year	Net Annual Cost	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$12.30	\$26.65	\$319.80	\$62.84	\$256.96	\$100.00	\$156.96	\$13.08	\$6.04
Employee & Spouse	\$20.49	\$44.40	\$532.80	\$104.70	\$428.10	\$200.00	\$228.10	\$19.01	\$8.77
One Parent Family	\$12.51	\$27.10	\$325.20	\$63.90	\$261.30	\$300.00	(\$38.70)	(\$3.23)	(\$1.49)
Family	\$20.70	\$44.85	\$538.20	\$105.76	\$432.44	\$400.00	\$32.44	\$2.70	\$1.25