

SUPPLEMENTAL INSURANCE COST EXAMPLE AT **22% 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 <u>Annual</u> 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	\$63.76	\$151.28	\$50.00	\$101.28	\$8.44	\$3.90
Employee & Spouse	\$11.06	\$23.96	\$287.52	\$85.25	\$202.27	\$100.00	\$102.27	\$8.52	\$3.93
Employee & Child(ren)	\$12.26	\$26.56	\$318.72	\$94.50	\$224.22	\$150.00	\$74.22	\$6.18	\$2.85
Family	\$15.05	\$32.61	\$391.32	\$116.03	\$275.29	\$200.00	\$75.29	\$6.27	\$2.90

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 <u>Annual</u> Cost	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$11.52	\$24.95	\$299.40	\$88.77	\$210.63	\$50.00	\$160.63	\$13.39	\$6.18
Employee & Spouse	\$15.95	\$34.55	\$414.60	\$122.93	\$291.67	\$100.00	\$191.67	\$15.97	\$7.37
Employee & Child(ren)	\$20.35	\$44.10	\$529.20	\$156.91	\$372.29	\$150.00	\$222.29	\$18.52	\$8.55
Family	\$25.52	\$55.30	\$663.60	\$196.76	\$466.84	\$200.00	\$266.84	\$22.24	\$10.26

Cancer 3 Assist (pre-tax) without riders

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 <u>Annual</u> Cost	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$12.30	\$26.65	\$319.80	\$94.82	\$224.98	\$100.00	\$124.98	\$10.41	\$4.81
Employee & Spouse	\$20.49	\$44.40	\$532.80	\$157.98	\$374.82	\$200.00	\$174.82	\$14.57	\$6.72
One Parent Family	\$12.51	\$27.10	\$325.20	\$96.42	\$228.78	\$300.00	(\$71.22)	(\$5.94)	(\$2.74)
Family	\$20.70	\$44.85	\$538.20	\$159.58	\$378.62	\$400.00	(\$21.38)	(\$1.78)	(\$0.82)