

# SUPPLEMENTAL INSURANCE COST EXAMPLE AT **24% 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	<b>\$215.04</b>	\$68.06	\$146.98	\$50.00	\$96.98	<b>\$8.08</b>	\$3.73
Employee & Spouse	\$11.06	\$23.96	<b>\$287.52</b>	\$91.00	\$196.52	\$100.00	\$96.52	<b>\$8.04</b>	\$3.71
Employee & Child(ren)	\$12.26	\$26.56	<b>\$318.72</b>	\$100.87	\$217.85	\$150.00	\$67.85	<b>\$5.65</b>	\$2.61
Family	\$15.05	\$32.61	<b>\$391.32</b>	\$123.85	\$267.47	\$200.00	\$67.47	<b>\$5.62</b>	\$2.59

### 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	<b>\$299.40</b>	\$94.76	\$204.64	\$50.00	\$154.64	<b>\$12.89</b>	\$5.95
Employee & Spouse	\$15.95	\$34.55	<b>\$414.60</b>	\$131.22	\$283.38	\$100.00	\$183.38	<b>\$15.28</b>	\$7.05
Employee & Child(ren)	\$20.35	\$44.10	<b>\$529.20</b>	\$167.49	\$361.71	\$150.00	\$211.71	<b>\$17.64</b>	\$8.14
Family	\$25.52	\$55.30	<b>\$663.60</b>	\$210.03	\$453.57	\$200.00	\$253.57	<b>\$21.13</b>	\$9.75

### 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	<b>\$319.80</b>	\$101.22	\$218.58	\$100.00	\$118.58	<b>\$9.88</b>	\$4.56
Employee & Spouse	\$20.49	\$44.40	<b>\$532.80</b>	\$168.63	\$364.17	\$200.00	\$164.17	<b>\$13.68</b>	\$6.31
One Parent Family	\$12.51	\$27.10	<b>\$325.20</b>	\$102.93	\$222.27	\$300.00	(\$77.73)	<b>(\$6.48)</b>	(\$2.99)
Family	\$20.70	\$44.85	<b>\$538.20</b>	\$170.34	\$367.86	\$400.00	(\$32.14)	<b>(\$2.68)</b>	(\$1.24)