

SUPPLEMENTAL INSURANCE COST EXAMPLE AT **32% 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)	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$8.27	\$17.92	\$215.04	\$85.26	\$129.78	\$50.00	\$79.78	\$6.65	\$3.07
Employee & Spouse	\$11.06	\$23.96	\$287.52	\$114.00	\$173.52	\$100.00	\$73.52	\$6.13	\$2.83
Employee & Child(ren)	\$12.26	\$26.56	\$318.72	\$126.37	\$192.35	\$150.00	\$42.35	\$3.53	\$1.63
Family	\$15.05	\$32.61	\$391.32	\$155.16	\$236.16	\$200.00	\$36.16	\$3.01	\$1.39

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	\$118.71	\$180.69	\$50.00	\$130.69	\$10.89	\$5.03
Employee & Spouse	\$15.95	\$34.55	\$414.60	\$164.39	\$250.21	\$100.00	\$150.21	\$12.52	\$5.78
Employee & Child(ren)	\$20.35	\$44.10	\$529.20	\$209.83	\$319.37	\$150.00	\$169.37	\$14.11	\$6.51
Family	\$25.52	\$55.30	\$663.60	\$263.12	\$400.48	\$200.00	\$200.48	\$16.71	\$7.71

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 <u>Annual</u> Cost	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$12.30	\$26.65	\$319.80	\$126.80	\$193.00	\$100.00	\$93.00	\$7.75	\$3.58
Employee & Spouse	\$20.49	\$44.40	\$532.80	\$211.26	\$321.54	\$200.00	\$121.54	\$10.13	\$4.67
One Parent Family	\$12.51	\$27.10	\$325.20	\$128.94	\$196.26	\$300.00	(\$103.74)	(\$8.65)	(\$3.99)
Family	\$20.70	\$44.85	\$538.20	\$213.40	\$324.80	\$400.00	(\$75.20)	(\$6.27)	(\$2.89)