

# 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 Annual Cost (Pre-tax Premium less Wellness Reimbursements,	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$8.27	\$17.92	<b>\$215.04</b>	\$85.26	\$129.78	\$50.00	\$79.78	<b>\$6.65</b>	\$3.07
Employee & Spouse	\$11.06	\$23.96	<b>\$287.52</b>	\$114.00	\$173.52	\$100.00	\$73.52	<b>\$6.13</b>	\$2.83
Employee & Child(ren)	\$12.26	\$26.56	<b>\$318.72</b>	\$126.37	\$192.35	\$150.00	\$42.35	<b>\$3.53</b>	\$1.63
Family	\$15.05	\$32.61	<b>\$391.32</b>	\$155.16	\$236.16	\$200.00	\$36.16	<b>\$3.01</b>	\$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 Annual Cost	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$11.52	\$24.95	<b>\$299.40</b>	\$118.71	\$180.69	\$50.00	\$130.69	<b>\$10.89</b>	\$5.03
Employee & Spouse	\$21.65	\$46.90	<b>\$562.80</b>	\$223.15	\$339.65	\$100.00	\$239.65	<b>\$19.97</b>	\$9.22
Employee & Child(ren)	\$14.98	\$32.45	<b>\$389.40</b>	\$154.40	\$235.00	\$150.00	\$85.00	<b>\$7.08</b>	\$3.27
Family	\$25.11	\$54.40	<b>\$652.80</b>	\$258.84	\$393.96	\$200.00	\$193.96	<b>\$16.16</b>	\$7.46

### 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>	\$126.80	\$193.00	\$100.00	\$93.00	<b>\$7.75</b>	\$3.58
Employee & Spouse	\$20.49	\$44.40	<b>\$532.80</b>	\$211.26	\$321.54	\$200.00	\$121.54	<b>\$10.13</b>	\$4.67
One Parent Family	\$12.51	\$27.10	<b>\$325.20</b>	\$128.94	\$196.26	\$300.00	(\$103.74)	<b>(\$8.65)</b>	(\$3.99)
Family	\$20.70	\$44.85	<b>\$538.20</b>	\$213.40	\$324.80	\$400.00	(\$75.20)	<b>(\$6.27)</b>	(\$2.89)