

Employee Welfare Benefits Premium Contributions Benefit Year 2022 (1/1/22 – 12/31/22)

Employee contributions are deducted weekly aligning benefit coverage and pay period. Pay periods are Monday – Sunday. Paychecks are paid on the following Friday.

1. Medical & Prescription (effective 1/1/22 – 12/31/22)

	Weekly EE Contribution*	<i>Total Monthly Cost**</i>
Single:	\$ 1.76	\$ 683.24
Employee + Spouse	\$ 15.06	\$1,366.48
Employee + Child(ren)	\$ 9.80	\$1,318.65
Family:	\$ 38.81	\$1,919.90

2. MVP Integrated HRA Account Funding -
Employee must be enrolled in VT Vitality Gold 3 HDHP

	Employee Premium Contribution	EMPLOYEE RESPONSABILITY (OUT OF POCKET BEFORE HRA)	HRA EMPLOYER FUNDED BENEFIT (PAID AFTER EMPLOYEE RESPONSIBILITY PORTION)
SINGLE	\$0.00	\$2,200	\$1,000
EE + SPOUSE	\$0.00	\$4,900	\$1,500
EE + Child(ren)	\$0.00	\$4,900	\$1,500
FAMILY	\$0.00	\$4,900	\$1,500

ELIGIBLE EXPENSES-

- Medical Deductible Expenses
- Prescription Deductible Expenses

3. Dental & Vision (effective (effective 1/1/21 – 12/31/21)

	Weekly EE Contribution*	<i>Total Monthly Cost**</i>
Single:	\$ 0.01	\$ 38.01
Employee + Spouse	\$ 2.50	\$ 76.02
Employee + Child(ren)	\$ 0.02	\$ 68.42
Family:	\$ 2.51	\$106.43

4. Short Term Disability, Long Term Disability, Life and AD&D

- Employee Contribution is based on employee's rate of pay including average incentive and the age of the employee.
- Employee contribution is 25% of the calculated premium invoiced monthly by the carrier.
- Premiums are based on the rates shown below.

	Life Premium	STD Monthly Premium	LTD Monthly Premium
<u>Rate</u>	\$0.15	\$0.47	\$0.57
	Per \$1k of coverage	Per \$10 of Benefit	Per \$1 of Covered Monthly Earnings (CME)
Maximum Benefit	\$50,000	\$1,100	\$5,000