

Medical, Dental, Vision Co-Share Rates

Find your union / non-union status to determine your co-share. In most cases, the co-share will be made on a pretax basis.

Employees who work a 20 pay period schedule / reduced year will be billed for their co-share amounts while out for the summer.

AAUP, PSA, PTAA, MPA, Physicians, Non Classified Non-union – effective June 21, 2009

Coverage Level	% of Premium	Medical	Dental	Vision	Total per pay period	Annual Cost
Individual salary under \$79,999.99	13%	\$30.10	1.67	.42	32.19	\$836.94
Individual salary over \$80,000	15%	34.73	1.92	.48	37.13	965.38
Family salary under \$49,999.99	10%	64.91	3.59	.68	69.18	1,798.68
Family salary \$50,000 - \$79,999.99	13%	84.38	4.67	.88	89.93	2,338.18
Family salary over \$80,000	15%	97.37	5.38	1.02	103.77	2,698.02

ACTNEA, Council 94/Local 529 (classified), Non-Union Classified, Nurses – effective June 21, 2009

Coverage Level	% of Premium	Medical	Dental	Vision	Total per pay period	Annual Cost
Individual salary less than \$45,000	15%	\$34.73	\$1.92	\$.48	\$37.13	\$965.38
Individual salary \$45,000 to less than \$90,000	20%	46.31	2.56	.64	49.51	1,287.26
Individual salary above \$90,000	25%	57.89	3.21	.80	61.90	1,609.40
Family salary less than \$45,000	13.5%	87.63	4.85	.92	93.40	2,428.40
Family salary \$45,000 to less than \$90,000	20%	129.82	7.18	1.36	138.36	3,597.36
Family salary \$90,000 and above	25%	162.28	8.97	1.70	172.95	4,496.70

Part Time Classified Employees (based on annualized total rate) effective June 21, 2009

Coverage level	% of Premium	Medical	Dental	Vision	Per pay period	Annual Cost
Individual						
Less than \$55,000	15%	\$34.73	\$1.92	\$0.48	\$37.13	965.38
\$55,000 to less than \$90,000	20%	46.31	2.56	0.64	49.51	1,287.26
\$90,000 and above	35%	81.04	4.49	1.12	86.65	2,252.90
Family						
Less than \$55,000	15%	\$97.37	\$5.38	\$1.02	\$103.77	2,698.02
\$55,000 to less than \$90,000	20%	129.82	7.18	1.36	138.36	3,597.36
\$90,000 and above	35%	227.19	12.56	2.38	242.13	6,295.38