

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 January 1, 2010

Coverage Level	% of Premium	Medical	Dental	Vision	Total per pay period	Annual Cost
Individual salary under \$79,999.99	13%	\$30.10	1.80	.42	32.32	\$840.32
Individual salary over \$80,000	15%	34.73	2.08	.48	37.29	969.54
Family salary under \$49,999.99	10%	64.91	3.88	.68	69.47	1,806.22
Family salary \$50,000 - \$79,999.99	13%	84.38	5.04	.88	90.30	2,347.80
Family salary over \$80,000	15%	97.37	5.81	1.02	104.20	2,709.20

ACTNEA, Council 94/Local 529 (classified), Non-Union Classified, Nurses – effective January 1, 2010

Coverage Level	% of Premium	Medical	Dental	Vision	Total per pay period	Annual Cost
Individual salary less than \$45,000	15%	\$34.73	\$2.08	\$.48	\$37.29	\$969.54
Individual salary \$45,000 to less than \$90,000	20%	46.31	2.77	.64	49.72	1,292.72
Individual salary above \$90,000	25%	57.89	3.46	.80	62.15	1,615.90
Family salary less than \$45,000	13.5%	87.63	5.23	.92	93.78	2,438.28
Family salary \$45,000 to less than \$90,000	20%	129.82	7.75	1.36	138.93	3,612.18
Family salary \$90,000 and above	25%	162.28	9.69	1.70	173.67	4,515.42

Part Time Classified Employees (based on annualized total rate) effective January 1, 2010

Coverage level	% of Premium	Medical	Dental	Vision	Per pay period	Annual Cost
Individual						
Less than \$55,000	15%	\$34.73	\$2.08	\$0.48	\$37.29	969.54
\$55,000 to less than \$90,000	20%	46.31	2.77	0.64	49.72	1,292.72
\$90,000 and above	35%	81.04	4.85	1.12	87.01	2,262.26
Family						
Less than \$55,000	15%	97.37	5.81	1.02	\$104.20	2,709.20
\$55,000 to less than \$90,000	20%	129.82	7.75	1.36	138.93	3,612.18
\$90,000 and above	35%	227.19	13.57	2.38	243.14	6,321.64