

## 2018 Benelect Monthly Employee Contributions - 50% Time Benefits

Medical	Single	Single + Child(ren)	Single + Spouse/Equiv	Family
<b>Non-Exempt Staff (paid semi-monthly)</b>				
MMO SuperMed PPO	388.50	765.50	933.50	1,226.50
Anthem PPO	407.50	806.50	984.50	1,295.50
Anthem High Deductible Plan	308.50	581.50	708.50	931.50
MMO CLECare	328.50	645.50	750.50	1,032.50
<b>Faculty and Exempt Staff with Annual Base Salary Less than \$50,000</b>				
MMO SuperMed PPO	394.50	789.50	963.50	1,265.50
Anthem PPO	414.50	832.50	1,015.50	1,336.50
Anthem High Deductible Plan	311.50	593.50	723.50	950.50
MMO CLECare	334.50	665.50	774.50	1,065.50
<b>Faculty and Exempt Staff with Annual Base Salary \$50,000 to \$99,999</b>				
MMO SuperMed PPO	396.50	795.50	970.50	1,274.50
Anthem PPO	416.50	838.50	1,023.50	1,346.50
Anthem High Deductible Plan	312.50	596.50	726.50	955.50
MMO CLECare	335.50	670.50	780.50	1,073.50
<b>Faculty and Exempt Staff with Annual Base Salary \$100,000 to \$149,999</b>				
MMO SuperMed PPO	399.50	807.50	985.50	1,294.50
Anthem PPO	420.50	851.50	1,038.50	1,366.50
Anthem High Deductible Plan	314.50	602.50	734.50	964.50
MMO CLECare	338.50	680.50	792.50	1,089.50
<b>Faculty and Exempt Staff with Annual Base Salary \$150,000 to \$199,999</b>				
MMO SuperMed PPO	403.50	819.50	1,000.50	1,313.50
Anthem PPO	423.50	864.50	1,054.50	1,387.50
Anthem High Deductible Plan	316.50	608.50	741.50	974.50
MMO CLECare	341.50	690.50	804.50	1,106.50
<b>Faculty and Exempt Staff with Annual Base Salary \$200,000 or More</b>				
MMO SuperMed PPO	409.50	843.50	1,029.50	1,352.50
Anthem PPO	430.50	889.50	1,085.50	1,428.50
Anthem High Deductible Plan	319.50	620.50	756.50	993.50
MMO CLECare	347.50	711.50	827.50	1,138.50

Dental	Single	Single + Child(ren)	Single + Spouse/Equiv	Family
<b>Non-Exempt Staff</b>				
DenteMax PPO	21.00	41.00	46.00	63.00
CWRU SDM Comprehensive	19.12	36.24	40.62	55.62
<b>Faculty and Exempt Staff with Annual Base Salary Less than \$50,000</b>				
DenteMax PPO	22.00	43.00	47.00	65.00
CWRU SDM Comprehensive	19.46	37.41	41.93	57.40
<b>Faculty and Exempt Staff with Annual Base Salary \$50,000 to \$99,999</b>				
DenteMax PPO	22.00	43.00	47.00	66.00
CWRU SDM Comprehensive	19.55	37.70	42.25	57.85
<b>Faculty and Exempt Staff with Annual Base Salary \$100,000 to \$149,999</b>				
DenteMax PPO	22.00	44.00	48.00	67.00
CWRU SDM Comprehensive	19.72	38.28	42.90	58.74
<b>Faculty and Exempt Staff with Annual Base Salary \$150,000 to \$199,999</b>				
DenteMax PPO	22.00	44.00	49.00	68.00
CWRU SDM Comprehensive	19.89	38.86	43.55	59.63
<b>Faculty and Exempt Staff with Annual Base Salary \$200,000 or More</b>				
DenteMax PPO	23.00	46.00	50.00	70.00
CWRU SDM Comprehensive	20.23	40.02	44.85	61.41

Vision	Single	Single + Child(ren)	Single + Spouse/Equiv	Family
VSP	9.52	15.68	15.34	25.24
Union Eye Care	8.20	2 Person 14.76		Family 22.96

After-Tax Benefits	
Hyatt Legal	18.25
Spouse/Dependent Life Insurance	
\$5,000/spouse; \$1,000/child	1.00
\$10,000/spouse; \$2,000/child	2.00