



# HEALTH, DENTAL AND VISION INSURANCE COSTS for

## Dining Services USAWRI Bargaining Unit

### PLAN YEAR 2017

#### BCBS Healthmate Coast to Coast and UHC Choice Plus Health Insurance\*

Monthly Costs for FULL-TIME EMPLOYEES WORKING 1300+ hours/year			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
\$59.63	\$116.26	\$128.74	\$155.08
Monthly Costs for PART-TIME EMPLOYEES WORKING BETWEEN 975 and 1299 hours/year			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
\$331.28	\$645.88	\$715.21	\$861.54
Monthly Costs for PART-TIME EMPLOYEES WORKING LESS THAN 975 hours/year			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
\$662.56	\$1,291.76	\$1,430.42	\$1,723.09
Monthly Costs for health insurance coverage under COBRA			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
\$675.81	\$1,317.60	\$1,459.03	\$1,757.55

#### Delta Dental Insurance\*

Monthly Costs for FULL-TIME EMPLOYEES WORKING 1300+ hours/year					
Employee Only		Employee + 1		Employee + 2 or More	
<i>Comprehensive</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>
\$17.46	\$25.64	\$45.95	\$68.07	\$80.90	\$115.18
Monthly Costs for PART-TIME EMPLOYEES WORKING FROM 975–1299 hours/year					
Employee Only		Employee + 1		Employee + 2 or More	
<i>Comprehensive</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>
\$26.19	\$34.37	\$54.68	\$76.80	\$89.63	\$123.91
Monthly Costs for PART-TIME EMPLOYEES WORKING LESS THAN 975 hours/year					
Employee Only		Employee + 1		Employee + 2 or More	
<i>Comprehensive</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>
\$34.92	\$43.10	\$63.41	\$85.53	\$98.36	\$132.64
Monthly Costs for dental insurance coverage under COBRA					
Employee Only		Employee + 1		Employee + 2 or More	
<i>Comprehensive</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>
\$35.62	\$43.96	\$64.68	\$87.24	\$100.33	\$135.29

#### Vision Insurance\*

Monthly Costs		
Employee Only	Employee + 1	Employee + 2 or More
\$6.60	\$13.24	\$21.26

\* Note - Divide by four if you are paid weekly to determine your contribution per paycheck.