

**FY2017 BIWEEKLY PAYROLL SYSTEM MEDICAL AND DENTAL RATES\***

**Full-time Employee (30 - 40 hours per week)**

**Employer Medical: \$500.50**

**Employer Dental: \$9.50**

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$23.50	\$59.50	\$41.00	\$55.00	\$74.50	\$85.50
Traditional	\$29.00	\$72.00	\$51.00	\$66.50	\$90.50	\$101.00
High Deductible	\$19.00	\$50.50	\$34.00	\$46.00	\$63.00	\$70.50
Dental	\$4.12	\$19.12	\$16.12	\$24.62	\$27.37	\$31.62

**Part-time Employee (20 - 29.9 hours per week)**

**Employer Medical: \$418.80**

**Employer Dental: \$7.58**

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$105.20	\$141.20	\$122.70	\$136.70	\$156.20	\$167.20
Traditional	\$110.70	\$153.70	\$132.70	\$148.20	\$172.20	\$182.70
High Deductible	\$100.70	\$132.20	\$115.70	\$127.70	\$144.70	\$152.20
Dental	\$6.04	\$21.04	\$18.04	\$26.54	\$29.29	\$33.54

\*Premiums withheld on the first and second paydates of each month. Premiums withheld in advance of coverage.