



Hamilton County

2017 Benefit Contribution Rates

		Monthly Employee Contribution	Biweekly Employee Contribution	Semi-Monthly Employee Contribution
MEDICAL INSURANCE				
Blue \$2500	Single	\$41.40	\$19.11	\$20.70
	Double	\$66.77	\$30.82	\$33.39
	Family	\$95.73	\$44.18	\$47.87
Green \$1000	Single	\$61.17	\$28.23	\$30.59
	Double	\$112.84	\$52.08	\$56.42
	Family	\$171.86	\$79.32	\$85.93
Orange \$500	Single	\$166.02	\$76.62	\$83.01
	Double	\$356.68	\$164.62	\$178.34
	Family	\$574.62	\$265.21	\$287.31

DENTAL INSURANCE				
DCP - Premium	Single	\$14.38	\$6.64	\$7.19
	Double	\$27.94	\$12.89	\$13.97
	Family	\$40.48	\$18.68	\$20.24
DCP - Basic	Single	\$9.76	\$4.50	\$4.88
	Double	\$18.96	\$8.75	\$9.48
	Family	\$27.47	\$12.68	\$13.73

VISION INSURANCE				
	Single	\$5.09	\$2.35	\$2.55
	Double	\$10.17	\$4.69	\$5.09
	Family	\$13.60	\$6.28	\$6.80

Long-Term Disability Insurance

Monthly Rates Per \$100 of covered payroll.
 (((Annual Salary / 100) x LTD Rate) / number of pays) = LTD deduction

Age Band	LTD 40%	LTD 50%
Under 30	\$0.072	\$0.097
30-39	\$0.093	\$0.124
40-44	\$0.145	\$0.191
45-49	\$0.213	\$0.284
50-54	\$0.316	\$0.414
55-59	\$0.461	\$0.595
60-64	\$0.476	\$0.621
65+	\$0.725	\$0.931

Supplemental Life Insurance

Monthly Rates Per \$1000 of Coverage.
 (Coverage Volume / 1000) * Rate = Monthly Employee Rate

Age Band	Employee Life Rate		Spouse Life Rate
	Non-Tobacco Rate	Tobacco User Rate	
Under 30	\$0.030	\$0.053	\$0.069
30-34	\$0.037	\$0.080	\$0.080
35-39	\$0.052	\$0.119	\$0.110
40-44	\$0.063	\$0.160	\$0.147
45-49	\$0.096	\$0.263	\$0.252
50-54	\$0.172	\$0.434	\$0.415
55-59	\$0.284	\$0.624	\$0.602
60-64	\$0.377	\$0.754	\$0.933
65-69	\$0.732	\$1.314	\$7.747
70-74	\$1.352	\$2.160	\$3.077
75 +	\$2.723	\$3.543	\$5.798

Child Supplemental Life

Monthly Rate based on coverage volume.

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.199	\$0.398	\$0.597	\$0.796	\$0.995