



Hamilton County

2014 Benefit Contribution Rates

MEDICAL INSURANCE

	Monthly Actuarial Value	Monthly Employee Contribution	Biweekly Employee Contribution	Semi-Monthly Employee Contribution	COBRA Monthly Premium
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CoverageFirst 2500

Single	\$440.70	\$17.81	\$8.22	\$8.91	\$449.51
Double	\$881.41	\$41.50	\$19.15	\$20.75	\$899.04
Family	\$1,384.13	\$68.53	\$31.63	\$34.26	\$1,411.81
26/27 Dependent		\$440.70	\$203.40	\$220.35	

CoverageFirst 1000

Single	\$472.19	\$36.26	\$16.74	\$18.13	\$481.63
Double	\$944.37	\$84.50	\$39.00	\$42.25	\$963.26
Family	\$1,483.86	\$139.60	\$64.43	\$69.80	\$1,513.54
26/27 Dependent		\$472.19	\$217.93	\$236.10	

POS 500

Single	\$545.51	\$134.14	\$61.91	\$67.07	\$556.42
Double	\$1,089.73	\$312.13	\$144.06	\$156.06	\$1,111.52
Family	\$1,711.79	\$515.57	\$237.96	\$257.79	\$1,746.03
26/27 Dependent		\$545.51	\$251.77	\$272.76	

DENTAL INSURANCE

	Total Monthly Premium	Monthly Employee Contribution	Biweekly Employee Contribution	Semi-Monthly Contribution	COBRA Monthly Premium
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DCP - Premium

Single	\$33.25	\$13.57	\$6.26	\$6.78	\$33.92
Double	\$64.58	\$26.35	\$12.16	\$13.17	\$65.87
Family	\$93.58	\$38.18	\$17.62	\$19.09	\$95.45

DCP - Basic

Single	\$23.23	\$9.08	\$4.19	\$4.54	\$23.69
Double	\$45.13	\$18.23	\$8.41	\$9.12	\$46.03
Family	\$65.40	\$25.51	\$11.77	\$12.75	\$66.71

VISION INSURANCE

	Total Monthly Premium	Monthly Employee Contribution	Biweekly Employee Contribution	Semi-Monthly Contribution	COBRA Monthly Premium
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Single	\$6.19	\$6.19	\$2.86	\$3.10	\$6.31
Double	\$12.37	\$12.37	\$5.71	\$6.19	\$12.62
Family	\$16.55	\$16.55	\$7.64	\$8.28	\$16.88

Note: Rates may vary slightly due to rounding in the payroll system.