



# Hamilton County

## 2016 Benefit Contribution Rates

### MEDICAL INSURANCE

	Monthly ASO Fee Paid by Employer	Monthly Actuarial Value	2016 Monthly Employer Cost	Monthly Employee Contribution	Biweekly Employee Contribution	Semi-Monthly Employee Contribution
<b>CoverageFirst 2500</b>						
Single	\$59.32	\$484.09	\$442.69	\$41.40	\$19.11	\$20.70
Double	\$69.70	\$967.80	\$901.03	\$66.77	\$30.82	\$33.39
Family	\$81.13	\$1,520.25	\$1,424.52	\$95.73	\$44.18	\$47.87
<b>CoverageFirst 1000</b>						
Single	\$59.32	\$518.77	\$457.60	\$61.17	\$28.23	\$30.59
Double	\$69.70	\$1,037.14	\$924.30	\$112.84	\$52.08	\$56.42
Family	\$81.13	\$1,629.16	\$1,457.30	\$171.86	\$79.32	\$85.93
<b>POS 500</b>						
Single	\$59.32	\$598.80	\$432.78	\$166.02	\$76.62	\$83.01
Double	\$69.70	\$1,197.13	\$840.45	\$356.68	\$164.62	\$178.34
Family	\$81.13	\$1,880.48	\$1,305.86	\$574.62	\$265.21	\$287.31

### DENTAL INSURANCE

	Monthly ASO Fee Paid by Employer	Total Monthly Premium	Monthly Employer Cost	Monthly Employee Contribution	Biweekly Employee Contribution	Semi-Monthly Contribution
<b>DCP - Premium</b>						
Single		\$35.96	\$21.58	\$14.38	\$6.64	\$7.19
Double		\$69.84	\$41.90	\$27.94	\$12.89	\$13.97
Family		\$101.21	\$60.73	\$40.48	\$18.68	\$20.24
<b>DCP - Basic</b>						
Single		\$24.39	\$14.63	\$9.76	\$4.50	\$4.88
Double		\$47.39	\$28.43	\$18.96	\$8.75	\$9.48
Family		\$68.67	\$41.20	\$27.47	\$12.68	\$13.73

### VISION INSURANCE

	Monthly ASO Fee Paid by Employer	Total Monthly Premium	Monthly Employer Cost	Monthly Employee Contribution	Biweekly Employee Contribution	Semi-Monthly Contribution
Single		\$6.19	\$0.00	\$6.19	\$2.86	\$3.10
Double		\$12.37	\$0.00	\$12.37	\$5.71	\$6.19
Family		\$16.55	\$0.00	\$16.55	\$7.64	\$8.28