

Employee Contribution rates for 2017

Monthly Rates		2017	2017	2017
Aetna (HSA) Plan	Description	Employee	Bates	Total
Full-time Employee 30+ hrs	(1)-You Only	36.00	572.79	608.79
	(2)-You & Spouse	266.00	1,012.46	1,278.46
	(3)-You & Child(ren)	213.00	882.82	1,095.82
	(4)-You, Spouse & Child(ren)	484.00	1,342.37	1,826.37

Part-time employee <30 hrs	(1)-You Only	141.00	467.79	608.79
	(2)-You & Spouse	413.00	865.46	1,278.46
	(3)-You & Child(ren)	343.00	752.82	1,095.82
	(4)-You, Spouse & Child(ren)	636.00	1,190.37	1,826.37

Monthly Rates		2017	2017	2017
Aetna (ACO) Plan	Description	Employee	Bates	Total
Full-time Employee 30+ hrs	(1)-You Only	95.00	610.98	705.98
	(2)-You & Spouse	378.00	1,104.56	1,482.56
	(3)-You & Child(ren)	323.00	947.76	1,270.76
	(4)-You, Spouse & Child(ren)	586.00	1,531.95	2,117.95

Part-time employee <30 hrs	(1)-You Only	190.00	515.98	705.98
	(2)-You & Spouse	511.00	971.56	1,482.56
	(3)-You & Child(ren)	438.00	832.76	1,270.76
	(4)-You, Spouse & Child(ren)	731.00	1,386.95	2,117.95

Aetna (PPO) Plan		2017	2017	2017
Description	Employee	Bates	Total	
Full-time employee 30+ hrs	(1)-You Only	110.00	611.17	721.17
	(2)-You & Spouse	409.00	1,105.47	1,514.47
	(3)-You & Child(ren)	350.00	948.11	1,298.11
	(4)-You, Spouse & Child(ren)	632.00	1,531.51	2,163.51

Part-time employee <30 hrs	(1)-You Only	201.00	520.17	721.17
	(2)-You & Spouse	531.00	983.47	1,514.47
	(3)-You & Child(ren)	462.00	836.11	1,298.11
	(4)-You, Spouse & Child(ren)	767.00	1,396.51	2,163.51

Aetna Dental		2017	2017	2017
Description	Employee	Bates	Total	
Full-time employee 30+ hrs	(1)-You Only	7.00	30.78	37.78
	(2)-You & Spouse	30.00	45.10	75.10
	(3)-You & Child(ren)	28.00	44.60	72.60
	(4)-You, Spouse & Child(ren)	54.00	68.90	122.90
	(5)-You & Domestic Partner	30.00	45.10	75.10
	(6)-You, Partner & Child(ren)	54.00	68.90	122.90

Part-time employee <30 hrs	(1)-You Only	11.00	26.78	37.78
	(2)-You & Spouse	38.00	37.10	75.10
	(3)-You & Child(ren)	37.00	35.60	72.60
	(4)-You, Spouse & Child(ren)	69.00	53.90	122.90
	(5)-You & Domestic Partner	38.00	37.10	75.10
	(6)-You, Partner & Child(ren)	69.00	53.90	122.90

Aetna Vision		2017 (Same as 2016)
Description	Employee/Total	
All Employees 30+ hrs	(1)-You Only	4.77
	(2)-You & Spouse	9.06
	(3)-You & Child(ren)	9.53
	(4)-You, Spouse & Child(ren)	14.01
	(5)-You & Domestic Partner	9.06
	(6)-You, Partner & Child(ren)	14.01

Note: You must be in a benefit eligible position to participate in the Medical and/or Dental plans