

Employee Contribution rates for 2016

Monthly Rates		2016	2016	2016
Aetna (HSA) Plan	Description	Employee	Bates	Total
Full-time Employee 30+ hrs	(1)-You Only	28.00	531.85	559.85
	(2)-You & Spouse	235.00	940.69	1,175.69
	(3)-You & Child(ren)	186.00	821.73	1,007.73
	(4)-You, Spouse & Child(ren)	438.00	1,241.55	1,679.55

Part-time employee <30 hrs	(1)-You Only	130.00	429.85	559.85
	(2)-You & Spouse	380.00	795.69	1,175.69
	(3)-You & Child(ren)	315.00	692.73	1,007.73
	(4)-You, Spouse & Child(ren)	585.00	1,094.55	1,679.55

Monthly Rates		2016	2016	2016
Aetna (ACO) Plan	Description	Employee	Bates	Total
Full-time Employee 30+ hrs	(1)-You Only	79.00	557.23	636.23
	(2)-You & Spouse	332.00	1,004.08	1,336.08
	(3)-You & Child(ren)	285.00	860.21	1,145.21
	(4)-You, Spouse & Child(ren)	528.00	1,380.69	1,908.69

Part-time employee <30 hrs	(1)-You Only	179.00	457.23	636.23
	(2)-You & Spouse	475.00	861.08	1,336.08
	(3)-You & Child(ren)	410.00	735.21	1,145.21
	(4)-You, Spouse & Child(ren)	680.00	1,228.69	1,908.69

Aetna (PPO) Plan		2016	2016	2016
Description	Employee	Bates	Total	
Full-time employee 30+ hrs	(1)-You Only	85.00	586.90	671.90
	(2)-You & Spouse	354.00	1,057.01	1,411.01
	(3)-You & Child(ren)	303.00	906.43	1,209.43
	(4)-You, Spouse & Child(ren)	560.00	1,455.72	2,015.72

Part-time employee <30 hrs	(1)-You Only	187.00	484.90	671.90
	(2)-You & Spouse	495.00	916.01	1,411.01
	(3)-You & Child(ren)	430.00	779.43	1,209.43
	(4)-You, Spouse & Child(ren)	715.00	1,300.72	2,015.72

Aetna Dental		2016	2016	2016
Description	Employee	Bates	Total	
Full-time employee 30+ hrs	(1)-You Only	6.00	28.03	34.03
	(2)-You & Spouse	27.00	40.65	67.65
	(3)-You & Child(ren)	25.00	40.40	65.40
	(4)-You, Spouse & Child(ren)	49.00	61.71	110.71
	(5)-You & Domestic Partner	27.00	40.65	67.65
	(6)-You, Partner & Child(ren)	49.00	61.71	110.71

Part-time employee <30 hrs	(1)-You Only	10.00	24.03	34.03
	(2)-You & Spouse	34.00	33.65	67.65
	(3)-You & Child(ren)	33.00	32.40	65.40
	(4)-You, Spouse & Child(ren)	62.00	48.71	110.71
	(5)-You & Domestic Partner	34.00	33.65	67.65
	(6)-You, Partner & Child(ren)	62.00	48.71	110.71

Aetna Vision		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
11/8/2015