## **Cost of Coverage**



Outten & Golden pays for the full cost of coverage for Basic Life, AD&D, STD, and LTD coverage. You share in the cost of coverage for Medical, Dental and Vision.

In general, you pay for health coverage before certain taxes are withheld, so you pay less in taxes. Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be post-tax. Similarly, the firm contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Outten & Golden if your domestic partner is your tax dependent.

The rates below are your Per Pay Period Contributions for each plan and are rounded to the closest \$0.01.

Salary Less than \$100,000	Aetna CDHP with HSA	Aetna EPO	Aetna Dental PPO	Aetna Dental HMO	Aetna Vision
Employee Only	\$98.16	\$138.88	\$10.50	\$2.24	\$1.33
Employee + Spouse	\$308.64	\$394.24	\$19.33	\$4.48	\$2.54
Employee + Children	\$265.61	\$330.64	\$24.51	\$6.08	\$2.67
Employee + Family	\$447.37	\$597.42	\$33.40	\$7.93	\$3.93
Salary Between \$100,000 - \$199,999	Aetna CDHP with HSA	Aetna EPO	Aetna Dental PPO	Aetna Dental HMO	Aetna Vision
Employee Only	\$151.01	\$191.73	\$10.50	\$2.24	\$1.33
Employee + Spouse	\$416.66	\$502.26	\$19.33	\$4.48	\$2.54
Employee + Children	\$358.56	\$423.60	\$24.51	\$6.08	\$2.67
Employee + Family	\$603.95	\$754.00	\$33.40	\$7.93	\$3.93
Salary of \$200,000 or Greater	Aetna CDHP with HSA	Aetna EPO	Aetna Dental PPO	Aetna Dental HMO	Aetna Vision
Employee Only	\$181.20	\$221.93	\$10.50	\$2.24	\$1.33
Fundament Current					40
Employee + Spouse	\$478.40	\$564.00	\$19.33	\$4.48	\$2.54
Employee + Spouse Employee + Children	\$478.40 \$411.69	\$564.00 \$476.72	\$19.33 \$24.51	\$4.48	\$2.54
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Employee + Children	\$411.69	\$476.72	\$24.51	\$6.08	\$2.67
Employee + Children Employee + Family	\$411.69 \$696.42 Aetna CDHP	\$476.72 \$843.48 Aetna	\$24.51 \$33.40	\$6.08 \$7.93 Aetna Dental	\$2.67 \$3.93 Aetna
Employee + Children Employee + Family Equity Partners	\$411.69 \$696.42 Aetna CDHP with HSA	\$476.72 \$843.48 Aetna EPO	\$24.51 \$33.40 Aetna Dental PPO	\$6.08 \$7.93 Aetna Dental HMO	\$2.67 \$3.93 Aetna Vision
Employee + Children Employee + Family Equity Partners Employee Only	\$411.69 \$696.42 Aetna CDHP with HSA \$203.00	\$476.72 \$843.48 Aetna EPO \$270.28	\$24.51 \$33.40 Aetna Dental PPO \$10.50	\$6.08 \$7.93 Aetna Dental HMO \$2.24	\$2.67 \$3.93 Aetna Vision \$1.33