

Employee Welfare Benefits Premium Contributions Benefit Year 2018 (1/1/18 – 12/31/18)

Employee contributions are deducted weekly aligning benefit coverage and pay period. Pay periods are Monday – Sunday and paychecks are paid on the following Friday.

1. Medical & Prescription (effective 1/1/18 – 12/31/18)

	Weekly EE Contribution*	<i>Total Monthly Cost**</i>
Single:	\$ 0.01	\$568.54
Employee + Spouse	\$ 30.00	\$1137.08
Employee + Child(ren)	\$ 0.02	\$1097.28
Family:	\$ 30.01	\$1597.60

2. Healthy Dollars Health Reimbursement (HRA) Account Funding -
Employee must be enrolled in VT Vitality Gold HDHP

	Employee Premium Contribution	EMPLOYEE RESPONSABILITY (OUT OF POCKET OR HSA)	HRA EMPLOYER FUNDED
SINGLE	\$0.00	\$1,350	\$1,050
EE + SPOUSE	\$0.00	\$2,700	\$2,100
EE + Child(ren)	\$0.00	\$2,700	\$2,100
FAMILY	\$0.00	\$2,700	\$2,100

ELIGIBLE EXPENSES-

- Medical Deductible Expenses
- Prescription Deductible Expenses

3. Dental & Vision (effective (effective 1/1/18 – 12/31/18)

	Weekly EE Contribution*	<i>Total Monthly Cost**</i>
Single:	\$ 0.01	\$ 55.73
Employee + Spouse	\$ 2.50	\$ 111.46
Employee + Child(ren)	\$ 0.02	\$ 100.31
Family:	\$ 2.51	\$156.04

* - The nominal employee contribution for Single & Employee + Child(ren) and nominal difference between Employee + Spouse and Employee + Family employee contribution are designed to support First Light's monthly audits of bills received from insurance carriers & administrators to ensure accuracy of coverage and employee elections.

** - Total Monthly Cost is provided as a comparison to the Weekly EE Contribution so that the value of this benefit is not underestimated.

4. Short Term Disability, Long Term Disability, Life and AD&D
 Employee Contribution is based on employee's rate of pay including average incentive and the age of the employee. Employee contribution is 25% of the calculated premium invoiced monthly by the carrier. Premiums are based on the rates shown below. Also shown is a calculation of the premium along with the employee contribution for an employee eligible for the maximum benefit based on age and rate of pay.

	LIFE Premium	AD&D Premium	STD Montly Premium	LTD Montly Premium		
Rate	\$0.123	\$0.04	\$0.62	0.480%		
	Per \$1k of coverage	Per \$1k of coverage	Per \$10 of Benefit	Per \$1 of Covered Monthly Earnings (CME)	Total Monthly Premium	Weekly EE Contribution
Maximum Benefit	\$50,000.00	\$50,000.00	\$1,100.00	\$5,000.00		
Premium	\$6.15	\$2.00	\$68.20	\$36.00	\$112.35	\$6.48