

## Employee Welfare Benefits Premium Contributions Benefit Year 2020 (1/1/20 – 12/31/20)

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 1/1/20 – 12/31/20)

	Weekly EE Contribution*	<i>Total Monthly Cost**</i>
Single:	\$ 0.01	\$ 651.82
Employee + Spouse	\$ 30.00	\$1303.64
Employee + Child(ren)	\$ 0.02	\$1258.01
Family:	\$ 30.01	\$1831.61

2. MVP Integrated HRA Account Funding -  
Employee must be enrolled in VT Vitality Gold 3 HDHP

	Employee Premium Contribution	EMPLOYEE RESPONSIBILITY ( OUT OF POCKET BEFORE HSA)	HRA EMPLOYER FUNDED BENEFIT (PAID AFTER EMPLOYEE RESPONSIBILITY PORTION)
SINGLE	\$0.00	\$1,650	\$1,050
EE + SPOUSE	\$0.00	\$3,300	\$2,100
EE + Child(ren)	\$0.00	\$3,300	\$2,100
FAMILY	\$0.00	\$3,300	\$2,100

**ELIGIBLE EXPENSES-**

- Medical Deductible Expenses
- Prescription Deductible Expenses

3. Dental & Vision (effective (effective 1/1/20 – 12/31/20)

	Weekly EE Contribution*	<i>Total Monthly Cost**</i>
Single:	\$ 0.01	\$ 46.21
Employee + Spouse	\$ 2.50	\$ 92.42
Employee + Child(ren)	\$ 0.02	\$ 83.18
Family:	\$ 2.51	\$129.39

\* - 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.

Estimated Weekly Employee Contribution Calculation Maximum Benefits at age <65						
	<b>LIFE Premium</b>	<b>AD&amp;D Premium</b>	<b>STD Montly Premium</b>	<b>LTD Montly Premium</b>		
<b>Rate</b>	\$0.120	\$0.02	\$0.41	0.530%		
	Per \$1k of coverage	Per \$1k of coverage	Per \$10 of Benefit	Per \$1 of Covered Monthly Earnings (CME)	<b>Total Monthly Premium</b>	<b>Weekly EE Contribution</b>
<b>Maximum Benefit</b>	\$50,000.00	\$50,000.00	\$1,100.00	\$5,000.00		
<b>Premium</b>	\$6.00	\$1.00	\$45.10	\$39.75	\$91.85	<b>\$5.30</b>