Summary of Bi-Weekly Premiums Professional Employee Benefits

Biweekly payroll deduction amounts are based on 26 pay periods.

ANTHEM Medical Insurance Bi-weekly Deductions (Plan Year: 2017 – 2018)

Concord Crossroads **Anthem HealthKeepers Platinum OAPOS 2193** **10/0%/3000** *(Plan for Virginia, Maryland, and District of Columbia)*		
12/1/2017 – 11/30/2018		
Coverage Type	**Monthly Rates**	**Biweekly Payroll Deduction**
Employee	$695.95*	$ 0.00
Employee/Spouse	$695.95	$321.21
Employee/Children	$661.15	$305.15
Family	$1,357.10	$626.35

**Paid by C3R.*

Concord Crossroads **Anthem KeyCare Gold PPO 200Z** **500/20%/5000** *(Plan for Virginia, Maryland, and District of Columbia and all other areas)*		
12/1/2017 – 11/30/2018		
Coverage Type	**Monthly Rates**	**Biweekly Payroll Deduction**
Employee	$631.41*	$0.00
Employee/Spouse	$631.41	$291.42
Employee/Children	$599.84	$276.85
Family	$1,231.25	$568.27

**Paid by C3R.*

HUMANA Vision Insurance Premiums (Plan Year: 2016 – 2018)

Concord Crossroads Humana Vision Vision Care Plan		
12/1/2017 – 11/30/2018		
Coverage Type	**Monthly Rates**	**Biweekly Payroll Deduction**
Employee	$5.89*	$ 0.00
Employee/Spouse	$5.90	$ 2.72
Employee/Children	$5.31	$ 2.45
Family	$11.71	$ 5.40

**Paid by C3R.*

HUMANA Voluntary Life and AD&D Insurance Premiums (Plan Year: 2017 – 2018)

The rates below are to be used to calculate individual Voluntary premiums for you and your dependents. Minimum coverage for employee is $15,000 per individual. Coverage must be purchased in increments of $1000.

(Employee Age 34, $75,000 policy: $75,000/$1,000 = $75, $75 x $0.09 = $6.75, $6.75 x 12 months/26 pay periods equal payroll deduction amount $3.12 per pay period.)

AGE	EMPLOYEE	SPOUSE
0-29	$0.09	$0.09
30-34	$0.09	$0.09
35-39	$0.11	$0.11
40-44	$0.18	$0.18
45-49	$0.32	$0.32
50-54	$0.47	$0.47
55-59	$0.78	$0.78
60-64	$1.31	$1.31
65-69	$2.29	$2.29
70-74	$3.52	$3.52
75-79	$5.88	$5.88
80-84	$9.59	$9.59
85-89	$15.64	$15.64
90-94	$23.94	$23.94
95+	$69.45	$69.45

**100% paid by employee*
Rate for Dependent Child(ren) - $1.00
Child(ren) coverage available *$5,000 on children 6 months and older*
$500 on children 15 days to 6 months
No Coverage for children 0 - 14 days

Coverage is subject to underwriting guidelines and approval by Humana. The minimum coverage for employees is $15,000 per individual.

AETNA Dental Insurance Bi-weekly Deductions
(Plan Year: 2018 – 2019)

Concord Crossroads Aetna PPO Max 100/70/40 Ortho		
3/1/2018 – 2/28/2019		
Coverage Type	**Monthly Premium**	**Biweekly Payroll Deduction**
Employee	$ 13.25	$ 6.12
Employee/Spouse	$ 37.45	$ 17.29
Employee/Children	$ 50.05	$ 23.10
Family	$ 74.25	$ 34.27

Concord Crossroads Aetna PPO 2000 B Ortho		
3/1/2018 – 2/28/2019		
Coverage Type	**Monthly Premium**	**Biweekly Payroll Deduction**
Employee	$ 18.60	$ 8.59
Employee/Spouse	$ 52.60	$ 24.29
Employee/Children	$ 70.20	$ 32.40
Family	$104.10	$ 48.05

Concord Crossroads Aetna FOC DNO/PPO Max 1000 Ortho		
3/1/2018 – 2/28/2019		
Coverage Type	**Monthly Premium**	**Biweekly Payroll Deduction**
Employee	$ 11.55	$ 5.34
Employee/Spouse	$ 32.75	$ 15.12
Employee/Children	$ 47.35	$ 21.86
Family	$ 68.65	$ 31.69