

2020 Monthly Price Sheets - Part Time (20-29 hours/week)

Medical Plans (PPO)	Employee		Employer	Total
Consumer Choice 1				
Employee only	\$282.00		\$243.00	\$525.00
Employee + spouse	\$606.00		\$498.00	\$1,104.00
Employee + domestic partner	Pre-tax \$282.00	Post-tax \$324.00	\$498.00	\$1,104.00
Employee + child(ren)	\$562.00		\$463.00	\$1,025.00
Employee + family	\$885.00		\$718.00	\$1,603.00
Employee + family / domestic partner	Pre-tax \$561.00	Post-tax \$324.00	\$718.00	\$1,603.00
Consumer Choice 2				
Employee only	\$243.00		\$243.00	\$486.00
Employee + spouse	\$523.00		\$498.00	\$1,021.00
Employee + domestic partner	Pre-tax \$243.00	Post-tax \$280.00	\$498.00	\$1,021.00
Employee + child(ren)	\$485.00		\$463.00	\$948.00
Employee + family	\$765.00		\$718.00	\$1,483.00
Employee + family / domestic partner	Pre-tax \$485.00	Post-tax \$280.00	\$718.00	\$1,483.00
Dental Plans	Employee		Employer	Total
Basic Dental Plan				
Employee only	\$15.00		\$10.00	\$25.00
Employee + spouse	\$32.00		\$16.00	\$48.00
Employee + domestic partner	Pre-tax \$15.00	Post-tax \$17.00	\$16.00	\$48.00
Employee + child(ren)	\$39.00		\$20.00	\$59.00
Employee + family	\$56.00		\$27.00	\$83.00
Employee + family / domestic partner	Pre-tax \$39.00	Post-tax \$17.00	\$27.00	\$83.00
Comprehensive Dental Plan				
Employee only	\$29.00		\$10.00	\$39.00
Employee + spouse	\$62.00		\$16.00	\$78.00
Employee + domestic partner	Pre-tax \$29.00	Post-tax \$33.00	\$16.00	\$78.00
Employee + child(ren)	\$73.00		\$20.00	\$93.00
Employee + family	\$106.00		\$27.00	\$133.00
Employee + family / domestic partner	Pre-tax \$73.00	Post-tax \$33.00	\$27.00	\$133.00

VSP Vision Plan	Employee		Employer	Total
Employee only	\$12.18		\$0.00	\$12.18
Employee + spouse	\$19.12		\$0.00	\$19.12
Employee + domestic partner	Pre-tax \$12.18	Post-tax \$6.94	\$0.00	\$19.12
Employee + child(ren)	\$21.04		\$0.00	\$21.04
Employee + family	\$33.95		\$0.00	\$33.95
Employee + family / domestic partner	Pre-tax \$27.01	Post-tax \$6.94	\$0.00	\$33.95
Tax Advantage Accounts	Employee		Employer	Total
Health Savings Account	Minimum: \$5.00/pay period		\$0.00	Individual- \$3,550 Family- \$7,100/year \$1,000 catch-up 55 & over
Health Care Flexible Spending Account Contributions	Minimum: \$5.00/ pay period* Maximum: \$110.42/ pay period*		\$0.00	\$2,750/year
Dependent Care Flexible Spending Account Contributions	Minimum: \$5.00/ pay period* Maximum: \$208.34/ pay period*		\$0.00	\$5,000/year
Limited Purpose Health Care Flexible Spending Account Contributions	Minimum: \$5.00/ pay period* Maximum: \$110.42/ pay period*		\$0.00	\$2,750/year
*There are 24 Pay Periods each year. (For Health Care, Dependent Care and Limited Purpose Health Care 2019 maximums are noted; 2020 maximums will be updated once released from the IRS)				
Benefit Plan	Employee		Employer	Total
Basic Employee Term Life and AD&D Insurance				
1 x Total Compensation*	\$0.00		Life Insurance: \$0.083/ \$1,000 AD&D Insurance: \$0.014/ \$1,000	\$0.097 per \$1,000
(*Defined as current base salary plus prior year's variable compensation – i.e. Bonus, incentives, etc.)				
Board of Directors: AD&D Insurance				
\$100,000	\$0.00		\$0.014 per \$1,000	\$16.80 per year
Optional Basic Employee Term Life and AD&D Insurance				
1 x Total Compensation*	Life Insurance: \$0.12/ \$1,000	AD&D Insurance: \$0.015/ \$1,000	\$0.00	\$0.135 per \$1,000
(*Defined as current base salary plus prior year's variable compensation – i.e. Bonus, incentives, etc.)				
Voluntary AD&D Insurance				
Minimum \$25,000 purchased in \$25,000 increments up to 10 x Total Compensation* for maximum of \$750,000	Employee: \$0.021/ \$1,000	Employee + Family: \$0.032/ \$1,000	\$0.00	N/A
(*Defined as current base salary plus prior year's variable compensation – i.e. Bonus, incentives, etc.)				

Group Universal Life Insurance Plan (GUL)

Employee & Spouse	Age	Rate per \$1,000	\$0.00	N/A
	Under 30	\$0.030		
	30-34	\$0.036		
	35-39	\$0.040		
	40-44	\$0.060		
	45-49	\$0.084		
	50-54	\$0.132		
	55-59	\$0.215		
	60-64	\$0.335		
	65-69	\$0.544		
	70-74	\$1.327		
	75+	\$2.015		
Life Insurance – Child(ren) (\$0.10 per \$1,000)	Amount	Rate	\$0.00	N/A
	\$5,000	\$0.50		
	\$10,000	\$1.00		
	\$15,000	\$1.50		
	\$20,000	\$2.00		
	\$25,000	\$2.50		
Business Travel Accident Insurance (BTA) (Three Year Pre-Paid Policy 2019-2021)				
Employees 3x Total Compensation*	\$0.00	\$6.16/employee	N/A	
(*Defined as current base salary plus prior year's variable compensation – i.e. Bonus, incentives, etc.) Premium determined by number of employees / directors on 08/01/2019				
Board of Directors \$100,000	\$0.00	\$6.16/director	N/A	
Long-term Disability- Class 1 (For employees participating in a defined benefit pension plan)				
66-2/3% of Total Compensation* up to \$20,000/month maximum	\$0.00	\$0.19 per \$100	N/A	
(*Defined as current base salary plus prior year's variable compensation – i.e. Bonus, incentives, etc.)				
Long-term Disability- Class 2 (For employees <u>not</u> participating in a defined benefit pension plan)				
66-2/3% of Total Compensation* up to \$20,000/month maximum	\$0.00	\$0.23 per \$100	N/A	
(*Defined as current base salary plus prior year's variable compensation – i.e. Bonus, incentives, etc.)				

[This information is deemed to be accurate. In the event that this information is in conflict with the vendor contract or the policy, the contract or policy language will prevail. The employers intend to provide these programs on an ongoing basis; however, they reserve the right to amend or terminate any program at any time.]

Basic Life and AD&D Insurance Monthly Premium Calculation

Premium calculation is based on total compensation – current base pay plus prior year’s variable compensation (includes bonus, incentives, etc.)

Take current base salary and apply projected 2020 salary increase

Determine the variable compensation paid in 2019, and

Add results together and round up to the next \$1,000, if not already an even \$1,000

Divide the result by \$1,000, and then multiply by combined life/AD&D premium rate (\$0.097)

EXAMPLE:	Total Compensation	=	\$31,436.00	
	Round to next \$1,000	=	\$32,000.00	
	Divide by \$1,000	=	\$32.00	
	Multiply by \$0.097	=	\$3.10	Monthly Premium

Long-Term Disability Insurance Monthly Premium Calculation

Premium calculation is based on total compensation – current base pay plus prior year’s variable compensation (includes bonus, incentives, etc.)

Take current base salary and apply projected 2020 salary increase

Determine the variable compensation to be paid in 2019, and

Add results together

Divide the result by \$100, and then multiply by premium rate

Class 1: \$0.19/\$100 of earnings (Employees in the 9th District Final Average Pay Retirement Plan, AgriBank District Retirement Plan, 11th District Retirement Plan, or Northwest, FCS Retirement Plan)

Class 2: \$0.23/\$100 of earnings (Employees converted from the 9th District Account Balance plan to the Defined Contribution/401(k) plan, employees of FCS of America, Western, Northwest, FCS not participating in a defined benefit pension plan or all employees hired in 2007 and later)

EXAMPLE:	Total Compensation	=	\$51,436.00	
	Divide by 12	=	\$4,286.33	
	Divide by \$100	=	\$42.86	
	Multiply by \$0.19	=	\$8.143	Monthly Premium