

Your 2017-2018 Payroll Deductions

Health Enhancement Program Bi-Weekly Payroll Deductions | July 1, 2017 through June 30, 2018 (26 Pay Periods)

If you do not enroll in the Health Enhancement Program, an additional \$46.16 will be deducted from your paycheck bi-weekly.

(Employees on semi-monthly pay schedules will have slightly higher deductions.)

MEDICAL PLANS	EMPLOYEE			EMPLOYEE +1		
	UNION	NEW HIRE HIRED AFTER 7/1/17	NON-UNION	UNION	NEW HIRE HIRED AFTER 7/1/17	NON-UNION
Point of Enrollment - Gatekeeper Plans (POE-G)						
Anthem State BlueCare POE Plus	\$26.89	\$37.36	\$62.83	\$77.76	\$100.80	\$138.22
UnitedHealthcare Oxford HMO	\$20.05	\$27.74	\$46.12	\$57.43	\$74.34	\$101.46
Point of Enrollment Plans (POE)						
Anthem State BlueCare	\$29.54	\$40.05	\$63.05	\$88.99	\$112.11	\$138.71
UnitedHealthcare Oxford HMO Select	\$23.64	\$32.01	\$50.26	\$71.22	\$89.65	\$110.57
Point of Service Plans (POS)						
Anthem State BlueCare	\$38.10	\$48.95	\$65.09	\$131.63	\$131.63	\$143.21
Anthem State Preferred POS*	\$91.41	\$91.41	\$93.55	\$266.94	\$266.94	\$205.81
UnitedHealthcare Oxford Freedom Select	\$31.02	\$39.82	\$52.81	\$107.15	\$107.15	\$116.19
Out of Area Plans (OOA)						
Anthem OOA	\$38.10	\$53.24	\$90.18	\$131.63	\$165.06	\$198.40
UnitedHealthcare Oxford Out of Area	\$31.02	\$40.39	\$56.14	\$107.15	\$109.79	\$123.52

MEDICAL PLANS	FAMILY			FLES**		
	UNION	NEW HIRE HIRED AFTER 7/1/17	NON-UNION	UNION	NEW HIRE HIRED AFTER 7/1/17	NON-UNION
Point of Enrollment - Gatekeeper Plans (POE-G)						
Anthem State BlueCare POE Plus	\$99.91	\$128.18	\$169.64	\$52.29	\$70.09	\$106.81
UnitedHealthcare Oxford HMO	\$73.79	\$94.55	\$124.53	\$38.62	\$51.69	\$78.41
Point of Enrollment Plans (POE)						
Anthem State BlueCare	\$118.45	\$146.83	\$170.23	\$59.46	\$77.32	\$107.18
UnitedHealthcare Oxford HMO Select	\$94.80	\$117.42	\$135.70	\$47.58	\$61.82	\$85.44
Point of Service Plans (POS)						
Anthem State BlueCare	\$152.08	\$156.23	\$175.75	\$68.21	\$86.65	\$110.66
Anthem State Preferred POS*	\$313.76	\$313.76	\$252.59	\$183.02	\$183.02	\$159.04
UnitedHealthcare Oxford Freedom Select	\$123.79	\$126.75	\$142.59	\$55.51	\$70.48	\$89.78
Out of Area Plans (OOA)						
Anthem OOA	\$152.08	\$193.08	\$243.49	\$68.21	\$93.94	\$153.31
UnitedHealthcare Oxford Out of Area	\$123.79	\$134.75	\$151.59	\$55.51	\$71.45	\$95.45

DENTAL PLANS - administered by Cigna	EMPLOYEE	EMPLOYEE +1	FAMILY	FLES**
BASIC	\$0.00	\$14.95	\$14.95	\$7.66
ENHANCED	\$0.00	\$12.88	\$12.88	\$6.60
DHMO	\$0.00	\$4.74	\$6.71	\$2.76

*Rates reflect payroll deductions effective October 1, 2017 through June 30, 2018