



Lincoln County
Employee Only Pro-Rated Benefit Cost Calculation
2018 Plan Year

	Employer Share	Employee Share		
Medical	\$ 518.21	\$57.58	\$	575.79
Dental	\$ 56.40	\$6.27	\$	62.67
	<u>\$ 574.61</u>	<u>\$63.85</u>	<u>\$</u>	<u>638.46</u>

% FTE	Hours Worked/ week	Base Premium Share	Additional Pro-rated Share	Total Employee Premium	Total Premium %	Employee Share Per Pay Period
100%	40	\$63.85	\$0.00	\$63.85	10%	\$31.92
95%	38	\$63.85	\$28.73	\$92.58	15%	\$46.29
90%	36	\$63.85	\$57.46	\$121.31	19%	\$60.65
85%	34	\$63.85	\$86.19	\$150.04	24%	\$75.02
80%	32	\$63.85	\$114.92	\$178.77	28%	\$89.38
75%	30	\$63.85	\$143.65	\$207.50	33%	\$103.75
70%	28	\$63.85	\$172.38	\$236.23	37%	\$118.12
65%	26	\$63.85	\$201.11	\$264.96	42%	\$132.48
60%	24	\$63.85	\$229.85	\$293.69	46%	\$146.85
55%	22	\$63.85	\$255.38	\$319.23	50%	\$159.62
50%	20	\$63.85	\$255.38	\$319.23	50%	\$159.62

Less than 50% FTE = ineligible for benefits



Lincoln County
Employee Plus Child Pro-Rated Benefit Cost Calculation
2018 Plan Year

	Employer Share	Employee Share	Total
Medical	\$ 965.00	\$107.22	\$ 1,072.22
Dental	\$ 87.56	\$9.73	\$ 97.29
	<u>\$ 1,052.56</u>	<u>\$116.95</u>	<u>\$ 1,169.51</u>

% FTE	Hours Worked/ week	Base Premium Share	Additional Pro-rated Share	Total Employee Premium	Total Premium %	Employee Share Per Pay Period
100%	40	\$116.95	\$0.00	\$116.95	10%	\$58.48
95%	38	\$116.95	\$52.63	\$169.58	15%	\$84.79
90%	36	\$116.95	\$105.26	\$222.21	19%	\$111.10
85%	34	\$116.95	\$157.88	\$274.83	24%	\$137.42
80%	32	\$116.95	\$210.51	\$327.46	28%	\$163.73
75%	30	\$116.95	\$263.14	\$380.09	33%	\$190.05
70%	28	\$116.95	\$315.77	\$432.72	37%	\$216.36
65%	26	\$116.95	\$368.40	\$485.35	42%	\$242.67
60%	24	\$116.95	\$421.02	\$537.97	46%	\$268.99
55%	22	\$116.95	\$467.80	\$584.76	50%	\$292.38
50%	20	\$116.95	\$467.80	\$584.76	50%	\$292.38

Less than 50% FTE = ineligible for benefits



Lincoln County
Employee Plus Children Pro-Rated Benefit Cost Calculation
2018 Plan Year

	Employer Share	Employee Share	Total
Medical	\$ 1,318.95	\$146.55	\$ 1,465.50
Dental	\$ 160.66	\$17.85	\$ 178.51
	<u>\$ 1,479.61</u>	<u>\$164.40</u>	<u>\$ 1,644.01</u>

% FTE	Hours Worked/ week	Base Premium Share	Additional Pro-rated Share	Total Employee Premium	Total Premium %	Employee Share Per Pay Period
100%	40	\$164.40	\$0.00	\$164.40	10%	\$82.20
95%	38	\$164.40	\$73.98	\$238.38	15%	\$119.19
90%	36	\$164.40	\$147.96	\$312.36	19%	\$156.18
85%	34	\$164.40	\$221.94	\$386.34	24%	\$193.17
80%	32	\$164.40	\$295.92	\$460.32	28%	\$230.16
75%	30	\$164.40	\$369.90	\$534.30	33%	\$267.15
70%	28	\$164.40	\$443.88	\$608.28	37%	\$304.14
65%	26	\$164.40	\$517.86	\$682.26	42%	\$341.13
60%	24	\$164.40	\$591.84	\$756.24	46%	\$378.12
55%	22	\$164.40	\$657.60	\$822.01	50%	\$411.00
50%	20	\$164.40	\$657.60	\$822.01	50%	\$411.00

Less than 50% FTE = ineligible for benefits



Lincoln County
Employee Plus Spouse Pro-Rated Benefit Cost Calculation
2018 Plan Year

	Employer Share	Employee Share	Total
Medical	\$ 1,102.95	\$122.55	\$ 1,225.50
Dental	\$ 99.63	\$11.07	\$ 110.70
	<u>\$ 1,202.58</u>	<u>\$133.62</u>	<u>\$ 1,336.20</u>

% FTE	Hours Worked/ week	Base Premium Share	Additional Pro-rated Share	Total Employee Premium	Total Premium %	Employee Share Per Pay Period
100%	40	\$133.62	\$0.00	\$133.62	10%	\$66.81
95%	38	\$133.62	\$60.13	\$193.75	15%	\$96.87
90%	36	\$133.62	\$120.26	\$253.88	19%	\$126.94
85%	34	\$133.62	\$180.39	\$314.01	24%	\$157.00
80%	32	\$133.62	\$240.52	\$374.14	28%	\$187.07
75%	30	\$133.62	\$300.65	\$434.27	33%	\$217.13
70%	28	\$133.62	\$360.77	\$494.39	37%	\$247.20
65%	26	\$133.62	\$420.90	\$554.52	42%	\$277.26
60%	24	\$133.62	\$481.03	\$614.65	46%	\$307.33
55%	22	\$133.62	\$534.48	\$668.10	50%	\$334.05
50%	20	\$133.62	\$534.48	\$668.10	50%	\$334.05

Less than 50% FTE = ineligible for benefits



Lincoln County
Employee Plus Family Pro-Rated Benefit Cost Calculation
2018 Plan Year

	Employer Share	Employee Share	Total
Medical	\$ 1,521.30	\$169.03	\$ 1,690.33
Dental	\$ 185.07	\$20.56	\$ 205.63
	<u>\$ 1,706.36</u>	<u>\$189.60</u>	<u>\$ 1,895.96</u>

% FTE	Hours Worked/ week	Base Premium Share	Additional Pro-rated Share	Total Employee Premium	Total Premium %	Employee Share Per Pay Period
100%	40	\$189.60	\$0.00	\$189.60	10%	\$94.80
95%	38	\$189.60	\$85.32	\$274.91	15%	\$137.46
90%	36	\$189.60	\$170.64	\$360.23	19%	\$180.12
85%	34	\$189.60	\$255.95	\$445.55	24%	\$222.78
80%	32	\$189.60	\$341.27	\$530.87	28%	\$265.43
75%	30	\$189.60	\$426.59	\$616.19	33%	\$308.09
70%	28	\$189.60	\$511.91	\$701.51	37%	\$350.75
65%	26	\$189.60	\$597.23	\$786.82	42%	\$393.41
60%	24	\$189.60	\$682.55	\$872.14	46%	\$436.07
55%	22	\$189.60	\$758.38	\$947.98	50%	\$473.99
50%	20	\$189.60	\$758.38	\$947.98	50%	\$473.99

Less than 50% FTE = ineligible for benefits