



Lincoln County
Employee Only Pro-Rated Benefit Cost Calculation
2017 Plan Year

	Employer Share	Employee Share		
Medical	\$ 461.93	\$51.33	\$	513.25
Dental	\$ 55.53	\$6.17	\$	61.70
	<u>\$ 517.46</u>	<u>\$57.50</u>	<u>\$</u>	<u>574.95</u>

% FTE	Hours Worked/ week	Base Premium Share	Additional Pro-rated Share	Total Employee Premium	Total Premium %	Employee Share Per Pay Period
100%	40	\$57.50	\$0.00	\$57.50	10%	\$28.75
95%	38	\$57.50	\$25.87	\$83.37	15%	\$41.68
90%	36	\$57.50	\$51.75	\$109.24	19%	\$54.62
85%	34	\$57.50	\$77.62	\$135.11	24%	\$67.56
80%	32	\$57.50	\$103.49	\$160.99	28%	\$80.49
75%	30	\$57.50	\$129.36	\$186.86	33%	\$93.43
70%	28	\$57.50	\$155.24	\$212.73	37%	\$106.37
65%	26	\$57.50	\$181.11	\$238.60	42%	\$119.30
60%	24	\$57.50	\$206.98	\$264.48	46%	\$132.24
55%	22	\$57.50	\$229.98	\$287.48	50%	\$143.74
50%	20	\$57.50	\$229.98	\$287.48	50%	\$143.74

Less than 50% FTE = ineligible for benefits



Lincoln County
Employee Plus Child Pro-Rated Benefit Cost Calculation
2017 Plan Year

	Employer Share	Employee Share	Total
Medical	\$ 861.93	\$95.77	\$ 957.70
Dental	\$ 86.26	\$9.58	\$ 95.84
	<u>\$ 948.19</u>	<u>\$105.35</u>	<u>\$ 1,053.54</u>

% FTE	Hours Worked/ week	Base Premium Share	Additional Pro-rated Share	Total Employee Premium	Total Premium %	Employee Share Per Pay Period
100%	40	\$105.35	\$0.00	\$105.35	10%	\$52.68
95%	38	\$105.35	\$47.41	\$152.76	15%	\$76.38
90%	36	\$105.35	\$94.82	\$200.17	19%	\$100.09
85%	34	\$105.35	\$142.23	\$247.58	24%	\$123.79
80%	32	\$105.35	\$189.64	\$294.99	28%	\$147.50
75%	30	\$105.35	\$237.05	\$342.40	33%	\$171.20
70%	28	\$105.35	\$284.46	\$389.81	37%	\$194.90
65%	26	\$105.35	\$331.87	\$437.22	42%	\$218.61
60%	24	\$105.35	\$379.27	\$484.63	46%	\$242.31
55%	22	\$105.35	\$421.42	\$526.77	50%	\$263.39
50%	20	\$105.35	\$421.42	\$526.77	50%	\$263.39

Less than 50% FTE = ineligible for benefits



Lincoln County
Employee Plus Children Pro-Rated Benefit Cost Calculation
2017 Plan Year

	Employer Share	Employee Share	Total
Medical	\$ 1,178.64	\$130.96	\$ 1,309.60
Dental	\$ 158.15	\$17.57	\$ 175.72
	<u>\$ 1,336.79</u>	<u>\$148.53</u>	<u>\$ 1,485.32</u>

% FTE	Hours Worked/ week	Base Premium Share	Additional Pro-rated Share	Total Employee Premium	Total Premium %	Employee Share Per Pay Period
100%	40	\$148.53	\$0.00	\$148.53	10%	\$74.27
95%	38	\$148.53	\$66.84	\$215.37	15%	\$107.69
90%	36	\$148.53	\$133.68	\$282.21	19%	\$141.11
85%	34	\$148.53	\$200.52	\$349.05	24%	\$174.53
80%	32	\$148.53	\$267.36	\$415.89	28%	\$207.94
75%	30	\$148.53	\$334.20	\$482.73	33%	\$241.36
70%	28	\$148.53	\$401.04	\$549.57	37%	\$274.78
65%	26	\$148.53	\$467.88	\$616.41	42%	\$308.20
60%	24	\$148.53	\$534.72	\$683.25	46%	\$341.62
55%	22	\$148.53	\$594.13	\$742.66	50%	\$371.33
50%	20	\$148.53	\$594.13	\$742.66	50%	\$371.33

Less than 50% FTE = ineligible for benefits



Lincoln County
Employee Plus Spouse Pro-Rated Benefit Cost Calculation
2017 Plan Year

	Employer Share	Employee Share	Total
Medical	\$ 982.63	\$109.18	\$ 1,091.81
Dental	\$ 98.14	\$10.90	\$ 109.04
	<u>\$ 1,080.77</u>	<u>\$120.09</u>	<u>\$ 1,200.85</u>

% FTE	Hours Worked/ week	Base Premium Share	Additional Pro-rated Share	Total Employee Premium	Total Premium %	Employee Share Per Pay Period
100%	40	\$120.09	\$0.00	\$120.09	10%	\$60.04
95%	38	\$120.09	\$54.04	\$174.12	15%	\$87.06
90%	36	\$120.09	\$108.08	\$228.16	19%	\$114.08
85%	34	\$120.09	\$162.11	\$282.20	24%	\$141.10
80%	32	\$120.09	\$216.15	\$336.24	28%	\$168.12
75%	30	\$120.09	\$270.19	\$390.28	33%	\$195.14
70%	28	\$120.09	\$324.23	\$444.31	37%	\$222.16
65%	26	\$120.09	\$378.27	\$498.35	42%	\$249.18
60%	24	\$120.09	\$432.31	\$552.39	46%	\$276.20
55%	22	\$120.09	\$480.34	\$600.43	50%	\$300.21
50%	20	\$120.09	\$480.34	\$600.43	50%	\$300.21

Less than 50% FTE = ineligible for benefits



Lincoln County
Employee Plus Family Pro-Rated Benefit Cost Calculation
2017 Plan Year

	Employer Share	Employee Share	Total
Medical	\$ 1,355.91	\$150.66	\$ 1,506.57
Dental	\$ 181.85	\$20.21	\$ 202.05
	<u>\$ 1,537.76</u>	<u>\$170.86</u>	<u>\$ 1,708.62</u>

% FTE	Hours Worked/ week	Base Premium Share	Additional Pro-rated Share	Total Employee Premium	Total Premium %	Employee Share Per Pay Period
100%	40	\$170.86	\$0.00	\$170.86	10%	\$85.43
95%	38	\$170.86	\$76.89	\$247.75	15%	\$123.87
90%	36	\$170.86	\$153.78	\$324.64	19%	\$162.32
85%	34	\$170.86	\$230.66	\$401.53	24%	\$200.76
80%	32	\$170.86	\$307.55	\$478.41	28%	\$239.21
75%	30	\$170.86	\$384.44	\$555.30	33%	\$277.65
70%	28	\$170.86	\$461.33	\$632.19	37%	\$316.09
65%	26	\$170.86	\$538.22	\$709.08	42%	\$354.54
60%	24	\$170.86	\$615.10	\$785.97	46%	\$392.98
55%	22	\$170.86	\$683.45	\$854.31	50%	\$427.16
50%	20	\$170.86	\$683.45	\$854.31	50%	\$427.16

Less than 50% FTE = ineligible for benefits