

FY17 BENEFIT RATES ACTIVE EMPLOYEES CONTRIBUTION

FY2017	MEDICAL			DENTAL			VISION	County FY17 Monthly composite rate-determined by Commissioners Court on an annual basis
	Per Month - Active Employees	EPO	Choice Plus PPO	Consumer Choice	Assurant DHMO	Assurant Base PPO Plan \$1500 annual max	Assurant High PPO Plan \$2000 annual max	
Emp only	\$129.00	\$26.00	\$0.00	\$11.98	\$20.76	\$32.46	\$4.26	\$937.57
Emp + 1 adult	\$607.00	\$300.00	\$202.00	\$19.26	\$39.48	\$64.88	\$8.10	\$937.57
Emp + 1 child	\$280.00	\$89.00	\$28.00	\$19.26	\$39.48	\$64.88	\$8.10	\$937.57
Emp + 2 or more children	\$483.00	\$208.00	\$122.00	\$25.84	\$65.02	\$101.50	\$8.96	\$937.57
Emp +1 adult + 1 child	\$836.00	\$444.00	\$315.00	\$25.84	\$65.02	\$101.50	\$9.60	\$937.57
Emp + 1 adult + 2 or more children	\$1,055.00	\$579.00	\$426.00	\$30.22	\$83.76	\$133.96	\$12.38	\$937.57

Per Pay Period- Active Employees	EPO	PPO	Consumer Choice	Assurant DHMO	Assurant Base PPO Plan \$1500 annual max	Assurant High PPO Plan \$2000 annual max	Vision	Per pay period, County composite rate
	Emp only	\$64.50	\$13.00	\$0.00	\$5.99	\$10.38	\$16.23	
Emp + 1 adult	\$303.50	\$150.00	\$101.00	\$9.63	\$19.74	\$32.44	\$4.05	\$468.79
Emp + 1 child	\$140.00	\$44.50	\$14.00	\$9.63	\$19.74	\$32.44	\$4.05	\$468.79
Emp + 2 or more children	\$241.50	\$104.00	\$61.00	\$12.92	\$32.51	\$50.75	\$4.48	\$468.79
Emp +1 adult + 1 child	\$418.00	\$222.00	\$157.50	\$12.92	\$32.51	\$50.75	\$4.80	\$468.79
Emp + 1 adult + 2 or more children	\$527.50	\$289.50	\$213.00	\$15.11	\$41.88	\$66.98	\$6.19	\$468.79