

SUPPLEMENTAL INSURANCE COST EXAMPLE AT **22% TAX BRACKET**

Pre-Tax Savings

Not Including any Applicable State and City Taxes

Accident Off the Job (pre-tax)

Assume 2 children for EE & Child(ren) and Family; Assume all family members take advantage of wellness

Net cost assumes pre-tax savings and wellness reimbursement

	Bi-Weekly Premium	Monthly Premium	Annual Premium	Tax Savings	Net Annual Premium Costs	Wellness \$50/ person per year	Net Annual Cost (Pre-tax Premium less Wellness Reimbursements, but before any other claims)	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$8.27	\$17.92	\$215.04	\$63.76	\$151.28	\$50.00	\$101.28	\$8.44	\$3.90
Employee & Spouse	\$11.06	\$23.96	\$287.52	\$85.25	\$202.27	\$100.00	\$102.27	\$8.52	\$3.93
Employee & Child(ren)	\$12.26	\$26.56	\$318.72	\$94.50	\$224.22	\$150.00	\$74.22	\$6.18	\$2.85
Family	\$15.05	\$32.61	\$391.32	\$116.03	\$275.29	\$200.00	\$75.29	\$6.27	\$2.90

MedicalBridge DB Age Tier 17-49 (pre-tax)

Wellness is limited to 2 per family

	Bi-Weekly Premium	Monthly Premium	Annual Premium	Tax Savings	Net Annual Premium Costs	Wellness \$50/ person per year	Net Annual Cost	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$10.85	\$23.50	\$282.00	\$83.61	\$198.39	\$50.00	\$148.39	\$12.37	\$5.71
Employee & Spouse	\$23.26	\$50.40	\$604.80	\$179.32	\$425.48	\$100.00	\$325.48	\$27.12	\$12.52
Employee & Child(ren)	\$18.44	\$39.95	\$479.40	\$142.14	\$337.26	\$100.00	\$237.26	\$19.77	\$9.13
Family	\$28.15	\$61.00	\$732.00	\$217.04	\$514.96	\$100.00	\$414.96	\$34.58	\$15.96

Cancer 3 Assist (pre-tax) without riders

Assume one child enrolled for One Parent Family or Family and utilize wellness

	Bi-Weekly Premium	Monthly Premium	Annual Premium	Tax Savings	Net Annual Premium Costs	Wellness \$100/ person per year	Net Annual Cost	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$12.30	\$26.65	\$319.80	\$94.82	\$224.98	\$100.00	\$124.98	\$10.41	\$4.81
Employee & Spouse	\$20.49	\$44.40	\$532.80	\$157.98	\$374.82	\$200.00	\$174.82	\$14.57	\$6.72
One Parent Family	\$12.51	\$27.10	\$325.20	\$96.42	\$228.78	\$200.00	\$28.78	\$2.40	\$1.11
Family	\$20.70	\$44.85	\$538.20	\$159.58	\$378.62	\$300.00	\$78.62	\$6.55	\$3.02

SUPPLEMENTAL INSURANCE COST EXAMPLE AT **12% TAX BRACKET**

Pre-Tax Savings

Not Including any Applicable State and City Taxes

Net cost assumes pre-tax savings and wellness reimbursement

Accident Off the Job (pre-tax)

Assume 2 children for EE & Child(ren) and Family; Assume all family members take advantage of wellness

	Bi-Weekly Premium	Monthly Premium	Annual Premium	Tax Savings	Net Annual Premium Costs	Wellness \$50/ person per year	Net Annual Cost (Pre-tax Premium less Wellness Reimbursements, but before any other claims)	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$8.27	\$17.92	\$215.04	\$42.26	\$172.78	\$50.00	\$122.78	\$10.23	\$4.72
Employee & Spouse	\$11.06	\$23.96	\$287.52	\$56.50	\$231.02	\$100.00	\$131.02	\$10.92	\$5.04
Employee & Child(ren)	\$12.26	\$26.56	\$318.72	\$62.63	\$256.09	\$150.00	\$106.09	\$8.84	\$4.08
Family	\$15.05	\$32.61	\$391.32	\$76.89	\$314.43	\$200.00	\$114.43	\$9.54	\$4.40

MedicalBridge DB Age Tier 17-49 (pre-tax)

Wellness is limited to 2 per family

	Bi-Weekly Premium	Monthly Premium	Annual Premium	Tax Savings	Net Annual Premium Costs	Wellness \$50/ person per year	Net Annual Cost	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$10.85	\$23.50	\$282.00	\$55.41	\$226.59	\$50.00	\$176.59	\$14.72	\$6.79
Employee & Spouse	\$23.26	\$50.40	\$604.80	\$118.84	\$485.96	\$100.00	\$385.96	\$32.16	\$14.84
Employee & Child(ren)	\$18.44	\$39.95	\$479.40	\$94.20	\$385.20	\$100.00	\$285.20	\$23.77	\$10.97
Family	\$28.15	\$61.00	\$732.00	\$143.84	\$588.16	\$100.00	\$488.16	\$40.68	\$18.78

Cancer 3 Assist (pre-tax)

Assume only 1 Child utilize wellness for One Parent or Family coverage

	Bi-Weekly Premium	Monthly Premium	Annual Premium	Tax Savings	Net Annual Premium Costs	Wellness \$100/ person per year	Net Annual Cost	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$12.30	\$26.65	\$319.80	\$62.84	\$256.96	\$100.00	\$156.96	\$13.08	\$6.04
Employee & Spouse	\$20.49	\$44.40	\$532.80	\$104.70	\$428.10	\$200.00	\$228.10	\$19.01	\$8.77
One Parent Family	\$12.51	\$27.10	\$325.20	\$63.90	\$261.30	\$200.00	\$61.30	\$5.11	\$2.36
Family	\$20.70	\$44.85	\$538.20	\$105.76	\$432.44	\$300.00	\$132.44	\$11.04	\$5.09

SUPPLEMENTAL INSURANCE COST EXAMPLE AT **24% TAX BRACKET**

Pre-Tax Savings

Not Including any Applicable State and City Taxes

Accident Off the Job (pre-tax)

Net cost assumes pre-tax savings and wellness reimbursement

Assume 2 children for EE & Child(ren) and Family; Assume all family members take advantage of wellness

	Bi-Weekly Premium	Monthly Premium	Annual Premium	Tax Savings	Net Annual Premium Costs	Wellness \$50/ person per year	Net Annual Cost (Pre-tax Premium less Wellness Reimbursements, but before any other claims)	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$8.27	\$17.92	\$215.04	\$68.06	\$146.98	\$50.00	\$96.98	\$8.08	\$3.73
Employee & Spouse	\$11.06	\$23.96	\$287.52	\$91.00	\$196.52	\$100.00	\$96.52	\$8.04	\$3.71
Employee & Child(ren)	\$12.26	\$26.56	\$318.72	\$100.87	\$217.85	\$150.00	\$67.85	\$5.65	\$2.61
Family	\$15.05	\$32.61	\$391.32	\$123.85	\$267.47	\$200.00	\$67.47	\$5.62	\$2.59

MedicalBridge DB Age Tier 17-49 (pre-tax)

Wellness is limited to 2 per family

	Bi-Weekly Premium	Monthly Premium	Annual Premium	Tax Savings	Net Annual Premium Costs	Wellness \$50/ person per year	Net Annual Cost	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$10.85	\$23.50	\$282.00	\$89.25	\$192.75	\$50.00	\$142.75	\$11.90	\$5.49
Employee & Spouse	\$23.26	\$50.40	\$604.80	\$191.42	\$413.38	\$100.00	\$313.38	\$26.12	\$12.05
Employee & Child(ren)	\$18.44	\$39.95	\$479.40	\$151.73	\$327.67	\$100.00	\$227.67	\$18.97	\$8.76
Family	\$28.15	\$61.00	\$732.00	\$231.68	\$500.32	\$100.00	\$400.32	\$33.36	\$15.40

Cancer 3 Assist (pre-tax)

Assume only 1 Child utilize wellness for One Parent or Family coverage

	Bi-Weekly Premium	Monthly Premium	Annual Premium	Tax Savings	Net Annual Premium Costs	Wellness \$100/ person per year	Net Annual Cost	Net Monthly Cost Illustration	Net Bi-Weekly Cost Illustration
Employee	\$12.30	\$26.65	\$319.80	\$101.22	\$218.58	\$100.00	\$118.58	\$9.88	\$4.56
Employee & Spouse	\$20.49	\$44.40	\$532.80	\$168.63	\$364.17	\$200.00	\$164.17	\$13.68	\$6.31
One Parent Family	\$12.51	\$27.10	\$325.20	\$102.93	\$222.27	\$200.00	\$22.27	\$1.86	\$0.86
Family	\$20.70	\$44.85	\$538.20	\$170.34	\$367.86	\$300.00	\$67.86	\$5.65	\$2.61