

# 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 1.0 Off the Job (pre-tax)

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

	Bi-Weekly	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	<b>\$215.04</b>	\$42.26	\$172.78	\$50.00	\$122.78	<b>\$10.23</b>	\$4.72
Employee & Spouse	\$11.06	\$23.96	<b>\$287.52</b>	\$56.50	\$231.02	\$100.00	\$131.02	<b>\$10.92</b>	\$5.04
Employee & Child(ren)	\$12.26	\$26.56	<b>\$318.72</b>	\$62.63	\$256.09	\$150.00	\$106.09	<b>\$8.84</b>	\$4.08
Family	\$15.05	\$32.61	<b>\$391.32</b>	\$76.89	\$314.43	\$200.00	\$114.43	<b>\$9.54</b>	\$4.40

### MedicalBridge IMB7000 Age Tier 17-49 (pre-tax)

This is based on the new MB offered 9/1/2019 for \$1,000 inpatient benefit; Outpatient \$750 Tier 1, \$1,500 Tier 2 to Outpatient CYM \$2,500

Prior MB plans limited to 2 wellness claims per family New 9/2019 IMB option per covered person Assume EE, Spouse, & 2 Kids covered & utilize wellness

	Bi-Weekly	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	\$11.52	\$24.95	<b>\$299.40</b>	\$58.83	\$240.57	\$50.00	\$190.57	<b>\$15.88</b>	\$7.33
Employee & Spouse	\$21.65	\$46.90	<b>\$562.80</b>	\$110.59	\$452.21	\$100.00	\$352.21	<b>\$29.35</b>	\$13.55
Employee & Child(ren)	\$14.98	\$32.45	<b>\$389.40</b>	\$76.52	\$312.88	\$150.00	\$162.88	<b>\$13.57</b>	\$6.26
Family	\$25.11	\$54.40	<b>\$652.80</b>	\$128.28	\$524.52	\$200.00	\$324.52	<b>\$27.04</b>	\$12.48

### Cancer 3 Assist (pre-tax)

Assume two children enrolled for One Parent Family or Family and utilize wellness

	Bi-Weekly	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	<b>\$319.80</b>	\$62.84	\$256.96	\$100.00	\$156.96	<b>\$13.08</b>	\$6.04
Employee & Spouse	\$20.49	\$44.40	<b>\$532.80</b>	\$104.70	\$428.10	\$200.00	\$228.10	<b>\$19.01</b>	\$8.77
One Parent Family	\$12.51	\$27.10	<b>\$325.20</b>	\$63.90	\$261.30	\$300.00	<b>(\$38.70)</b>	<b>(\$3.23)</b>	<b>(\$1.49)</b>
Family	\$20.70	\$44.85	<b>\$538.20</b>	\$105.76	\$432.44	\$400.00	\$32.44	<b>\$2.70</b>	\$1.25