

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

## Pre-Tax Savings

Not Including any Applicable State and City Taxes

### 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

Net cost assumes pre-tax savings and wellness reimbursement

	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>	\$63.76	\$151.28	\$50.00	\$101.28	<b>\$8.44</b>	\$3.90
Employee & Spouse	\$11.06	\$23.96	<b>\$287.52</b>	\$85.25	\$202.27	\$100.00	\$102.27	<b>\$8.52</b>	\$3.93
Employee & Child(ren)	\$12.26	\$26.56	<b>\$318.72</b>	\$94.50	\$224.22	\$150.00	\$74.22	<b>\$6.18</b>	\$2.85
Family	\$15.05	\$32.61	<b>\$391.32</b>	\$116.03	\$275.29	\$200.00	\$75.29	<b>\$6.27</b>	\$2.90

### 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>	\$88.77	\$210.63	\$50.00	\$160.63	<b>\$13.39</b>	\$6.18
Employee & Spouse	\$21.65	\$46.90	<b>\$562.80</b>	\$166.87	\$395.93	\$100.00	\$295.93	<b>\$24.66</b>	\$11.38
Employee & Child(ren)	\$14.98	\$32.45	<b>\$389.40</b>	\$115.46	\$273.94	\$150.00	\$123.94	<b>\$10.33</b>	\$4.77
Family	\$25.11	\$54.40	<b>\$652.80</b>	\$193.56	\$459.24	\$200.00	\$259.24	<b>\$21.60</b>	\$9.97

### Cancer 3 Assist (pre-tax) without riders

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>	\$94.82	\$224.98	\$100.00	\$124.98	<b>\$10.41</b>	\$4.81
Employee & Spouse	\$20.49	\$44.40	<b>\$532.80</b>	\$157.98	\$374.82	\$200.00	\$174.82	<b>\$14.57</b>	\$6.72
One Parent Family	\$12.51	\$27.10	<b>\$325.20</b>	\$96.42	\$228.78	\$300.00	(\$71.22)	(\$5.94)	(\$2.74)
Family	\$20.70	\$44.85	<b>\$538.20</b>	\$159.58	\$378.62	\$400.00	(\$21.38)	(\$1.78)	(\$0.82)