

LAY PREMIUM RATES 2018

Monthly Laity Amount if DC is 72% of B1000P1

Annual Amounts

DC=>	<u>Monthly Laity Amount if DC is 72% of B1000P1</u>			Annual Amounts		
	<u>Participant</u> \$621.00	<u>Participant+1</u> \$ 1,351.00	<u>Participant+2</u> or more \$1,707.00	<u>Participant</u> \$7,448.00	<u>Participant+1</u> \$ 16,217.00	<u>Participant+2</u> or more \$ 20,485.00
PPO B1000 P1	\$ 241	\$ 526	\$ 664	\$ 2,892	\$ 6,312	\$ 7,968
CDH C2000 P2	199	434	550	2,388	5,208	6,600
CDH C3000 P2	85	186	237	1,020	2,232	2,844
HDH H1500 P3	192	421	531	2,304	5,052	6,372
HDH H2000 P4	122	270	340	1,464	3,240	4,080
HDH H3000 P5	21	48	60	252	576	720

Monthly Laity Amount with no Defined Contribution

Annual Amounts with no Defined Contribution

	<u>Monthly Laity Amount with no Defined Contribution</u>			Annual Amounts with no Defined Contribution		
	<u>Participant</u>	<u>Participant+1</u>	<u>Participant+2</u> or more	<u>Participant</u>	<u>Participant+1</u>	<u>Participant+2</u> or more
PPO B1000 P1	\$ 862	\$ 1,877	\$ 2,371	\$ 10,344	\$ 22,524	\$ 28,452
CDH C2000 P2	820	1,785	2,257	9,840	21,420	27,084
CDH C3000 P2	706	1,537	1,944	8,472	18,444	23,328
HDH H1500 P3	813	1,772	2,238	9,756	21,264	26,856
HDH H2000 P4	743	1,621	2,047	8,916	19,452	24,564
HDH H3000 P5	642	1,399	1,767	7,704	16,788	21,204

Additional Optional Coverage - Monthly Premiums

<u>Wisconsin Enrollment</u>	<u>Dental Premiums</u>		
	<u>Participant</u>	<u>Participant+1</u>	<u>Participant+2 or more</u>
Dental Passive PPO 2000	56	113	157
Dental PPO	46	92	128
Dental Passive PPO 1000	41	82	115

<u>+</u>	<u>Enhanced Vision Coverage Premiums</u>		
	<u>Participant</u>	<u>Participant+1</u>	<u>Participant+2 or more</u>
Exam Core (in medical rates)	-	-	-
Full Service	5.62	9.06	14.32
Premier	14.38	23.32	37.02

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