

Contribution Rates

The charts below summarize your contribution rates for coverage in 2018.

UHC Medical Coverage

2018 Full-Time with Benefits Salary ≤\$35,000

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Employee Contributions	GW Contributions

GW Health Savings Plan (HSP)

EE	\$15.45	\$491.85	\$7.13	\$227.01	\$20.60	\$655.80
EE+SP/DP	\$86.52	\$978.81	\$39.93	\$451.76	\$115.36	\$1,305.08
EE+ Child(ren)	\$64.89	\$873.62	\$29.95	\$403.21	\$86.52	\$1,164.83
Family	\$146.26	\$1,426.37	\$67.50	\$658.32	\$195.01	\$1,901.83

GW PPO

EE	\$40.79	\$526.58	\$18.83	\$243.04	\$54.39	\$702.11
EE+SP/DP	\$261.72	\$929.77	\$120.79	\$429.12	\$348.96	\$1,239.69
EE+ Child(ren)	\$219.80	\$829.84	\$101.45	\$383.00	\$293.07	\$1,106.45
Family	\$419.21	\$1,339.65	\$193.48	\$618.30	\$558.95	\$1,786.20

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact GW Benefits, as these contributions differ from those presented above.

UHC Medical Coverage

2018 Full-Time with Benefits Salary \$35,000.01 - \$60,000

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions

GW Health Savings Plan (HSP)

EE	\$61.80	\$445.50	\$28.52	\$205.62	\$82.40	\$594.00
EE+SP/DP	\$179.22	\$886.11	\$82.72	\$408.97	\$238.96	\$1,181.48
EE+ Child(ren)	\$157.59	\$780.92	\$72.73	\$360.42	\$210.12	\$1,041.23
Family	\$265.74	\$1,306.89	\$122.65	\$603.18	\$354.32	\$1,742.52

GW PPO

EE	\$120.10	\$447.27	\$55.43	\$206.43	\$160.13	\$596.36
EE+SP/DP	\$363.69	\$827.80	\$167.86	\$382.06	\$484.92	\$1,103.73
EE+ Child(ren)	\$321.77	\$727.87	\$148.51	\$335.94	\$429.03	\$970.49
Family	\$550.64	\$1,208.22	\$254.14	\$557.64	\$734.19	\$1,610.96

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

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UHC Medical Coverage

2018 Full-Time with Benefits Salary \$60,000.01 - \$120,000

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions

GW Health Savings Plan (HSP)

EE	\$63.42	\$443.88	\$29.27	\$204.87	\$84.56	\$591.84
EE+SP/DP	\$183.92	\$881.41	\$84.89	\$406.80	\$245.23	\$1,175.21
EE+ Child(ren)	\$161.72	\$776.79	\$74.64	\$358.52	\$215.63	\$1,035.72
Family	\$272.71	\$1,299.92	\$125.87	\$599.96	\$363.61	\$1,733.23

GW PPO

EE	\$123.25	\$444.12	\$56.88	\$204.98	\$164.33	\$592.16
EE+SP/DP	\$373.23	\$818.26	\$172.26	\$377.66	\$497.64	\$1,091.01
EE+ Child(ren)	\$330.21	\$719.43	\$152.40	\$332.04	\$440.28	\$959.24
Family	\$565.07	\$1,193.79	\$260.80	\$550.98	\$753.43	\$1,591.72

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

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UHC Medical Coverage

2018 Full-Time with Benefits Salary \$120,000.01 - \$180,000

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions

GW Health Savings Plan (HSP)

EE	\$70.82	\$436.48	\$32.69	\$201.45	\$94.43	\$581.97
EE+SP/DP	\$205.06	\$860.27	\$94.64	\$397.05	\$273.41	\$1,147.03
EE+ Child(ren)	\$180.75	\$757.76	\$83.42	\$349.74	\$241.00	\$1,010.35
Family	\$304.42	\$1,268.21	\$140.50	\$585.33	\$405.89	\$1,690.95

GW PPO

EE	\$137.20	\$430.17	\$63.32	\$198.54	\$182.93	\$573.56
EE+SP/DP	\$417.41	\$774.08	\$192.65	\$357.27	\$556.55	\$1,032.11
EE+ Child(ren)	\$368.58	\$681.06	\$170.11	\$314.34	\$491.44	\$908.08
Family	\$631.35	\$1,127.51	\$291.39	\$520.39	\$841.80	\$1,503.35

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

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UHC Medical Coverage

2018 Full-Time with Benefits Salary \$180,000.01 - \$240,000

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions

GW Health Savings Plan (HSP)

EE	\$73.99	\$433.31	\$34.15	\$199.99	\$98.65	\$577.75
EE+SP/DP	\$214.57	\$850.76	\$99.03	\$392.66	\$286.09	\$1,134.35
EE+ Child(ren)	\$189.20	\$749.31	\$87.32	\$345.84	\$252.27	\$999.08
Family	\$317.10	\$1,255.53	\$146.35	\$579.48	\$422.80	\$1,674.04

GW PPO

EE	\$144.17	\$423.20	\$66.54	\$195.32	\$192.23	\$564.27
EE+SP/DP	\$434.85	\$756.64	\$200.70	\$349.22	\$579.80	\$1,008.85
EE+ Child(ren)	\$384.85	\$664.79	\$177.62	\$306.83	\$513.13	\$886.39
Family	\$658.09	\$1,100.77	\$303.73	\$508.05	\$877.45	\$1,467.69

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact GW Benefits, as these contributions differ from those presented above.

UHC Medical Coverage

2018 Full-Time with Benefits Salary >\$240,000

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions

GW Health Savings Plan (HSP)

EE	\$77.16	\$430.14	\$35.61	\$198.53	\$102.88	\$573.52
EE+SP/DP	\$223.03	\$842.30	\$102.94	\$388.75	\$297.37	\$1,123.07
EE+ Child(ren)	\$196.60	\$741.91	\$90.74	\$342.42	\$262.13	\$989.21
Family	\$330.84	\$1,241.79	\$152.70	\$573.13	\$441.12	\$1,655.72

GW PPO

EE	\$149.99	\$417.38	\$69.23	\$192.64	\$199.99	\$556.51
EE+SP/DP	\$453.45	\$738.04	\$209.28	\$340.63	\$604.60	\$984.05
EE+ Child(ren)	\$401.13	\$648.51	\$185.14	\$299.31	\$534.84	\$864.68
Family	\$685.99	\$1,072.87	\$316.61	\$495.17	\$914.65	\$1,430.49

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For SEIU Local 32 employee contributions, please contact GW Benefits, as these contributions differ from those presented above.

UHC Medical Coverage 2018 Part-Time

Monthly		Bi-weekly		Paid over 9 Months Monthly Contributions	
Employee Contributions	GW Contributions	Employee Contributions	GW Contributions	Jan-May and Sept-Dec	GW Contributions

GW Health Savings Plan (HSP)

EE	\$96.08	\$411.22	\$44.34	\$189.79	\$128.11	\$548.29
EE+SP/DP	\$525.33	\$540.00	\$242.46	\$249.23	\$700.44	\$720.00
EE+ Child(ren)	\$462.97	\$475.54	\$213.68	\$219.48	\$617.29	\$634.05
Family	\$775.84	\$796.79	\$358.08	\$367.75	\$1,034.45	\$1,062.39

GW PPO

EE	\$246.49	\$320.88	\$113.76	\$148.10	\$328.65	\$427.84
EE+SP/DP	\$618.56	\$572.93	\$285.49	\$264.43	\$824.75	\$763.91
EE+ Child(ren)	\$545.31	\$504.33	\$251.68	\$232.77	\$727.08	\$672.44
Family	\$912.72	\$846.14	\$421.26	\$390.53	\$1,216.96	\$1,128.19

EE = Employee | SP/DP = Spouse/Partner

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

For EIU Local 32 employee contributions, please contact GW Benefits, as these contributions differ from those presented above.

Dental Coverage

Full-Time and Part-Time

Coverage Categories	Monthly (Paid over 12 months)	Biweekly	Paid over 9 Months Monthly Contributions
DMO			
Employee Only	\$20.99	\$9.69	\$27.99
Employee + One	\$47.97	\$22.14	\$63.96
Employee + Family	\$58.05	\$26.79	\$77.40
High PPO			
Employee Only	\$54.64	\$25.22	\$72.85
Employee + One Dependent	\$118.50	\$54.69	\$158.00
Employee + Family	\$143.38	\$66.18	\$191.17
Low PPO			
Employee Only	\$32.69	\$15.09	\$43.59
Employee + One Dependent	\$69.47	\$32.06	\$92.63
Employee + Family	\$84.09	\$38.81	\$112.12

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

UHC Vision Coverage

Full-Time and Part-Time

	Monthly (Paid over 12 months)	Biweekly	Paid over 9 Months Monthly Contributions
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Basic

Employee Only	\$4.99	\$2.30	\$6.65
Employee + One	\$9.24	\$4.26	\$12.32
Employee + Family	\$14.73	\$6.80	\$19.64

Enhanced

Employee Only	\$7.24	\$3.34	\$9.65
Employee + One Dependent	\$13.40	\$6.18	\$17.87
Employee + Family	\$21.36	\$9.86	\$28.48

9-Month Employees, please note: There are no employee or GW contributions during June, July or August.

2018 Life and AD&D Rates

Optional Child Life	Monthly Rate per \$1,000 of Coverage
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Flat Rate*	\$0.103
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Optional Employee and Spouse Life**	Monthly Rate per \$1,000 of Coverage
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age 19 and younger	\$0.05
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ages 20 - 24	\$0.05
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ages 25 - 29	\$0.06
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ages 30 - 34	\$0.08
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ages 35 - 39	\$0.09
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ages 40 - 44	\$0.12
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ages 45 - 49	\$0.22
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ages 50 - 54	\$0.39
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ages 55 - 59	\$0.66
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ages 60- 64	\$0.90
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ages 65 - 69	\$1.62
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ages 70 - 74	\$2.15
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age 75 and older	\$2.44
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Optional Employee, Spouse and Child AD&D	Monthly Rate per \$1,000 of Coverage
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	\$0.035
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* The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

** **Note:** For optional life, the rate will increase as the covered participant ages and moves to the next age band. This will occur on January 1st following the covered participant's birthdate.

2018 Long-Term Disability and Short-Term Disability Rates*

Short-Term Voluntary Disability (Employee Paid)	Monthly Rate per \$10 of Coverage
ages 15 - 24	\$0.0204
ages 25 - 29	\$0.0246
ages 30 - 34	\$0.0204
ages 35 - 39	\$0.0183
ages 40 - 44	\$0.0190
ages 45 - 49	\$0.0211
ages 50 - 54	\$0.0261
ages 55 - 59	\$0.0324
ages 60 - 64	\$0.0387
ages 65 - 69	\$0.0408
age 70 and over	\$0.0408

* **Note:** For short-term voluntary disability, the rate will increase as the covered participant ages and moves to the next age band. This will occur on January 1st following the covered participant's birthdate.

Calculate your monthly cost:

1. Determine your weekly benefit, if disabled: $\frac{\text{annual benefits salary}}{52} \times .60$
2. Take your weekly benefit times your age band rate. (If weekly benefit is over \$3,000, use \$3,000.)

Sample calculation for a 35-year-old earning \$40,000 a year:

1. $\frac{\$40,000}{52} \times .60 = \461.54
2. $\$461.54 \times .0183 = \8.45

Long-Term Disability	Rate
Buy-Up Benefit	0.066%

To calculate your monthly cost:

1. Determine your monthly covered payroll: $\frac{\text{annual benefits salary}}{12}$
2. Take your monthly covered payroll times 0.00066. (If monthly covered payroll is over \$18,000, use \$18,000.)

Sample calculation for someone earning \$45,000 a year:

1. $\frac{\$45,000}{12} = \$3,750.00$
2. $\$3,750.00 \times 0.00066 = \2.48

Note: For long-term disability, the rate will increase as the covered participant ages and moves to the next age band. This will occur on January 1st following the covered participant's birthdate.