

**Employee Only**

	Gross Bi-weekly Rate	Standard 80/20		SEPA Group 1 (138-175% FPL)		SEPA Group 2 (175-212% FPL)		SEPA Group 3 (212-250% FPL)		SEPA Group 4 (Salary \$37,650-\$50,000)	
		Employee 20%	State 80%	Employee 0%	State 100%	Employee 5%	State 95%	Employee 10%	State 90%	Employee 10%	State 90%
<b>Clear Cost Platinum HMO</b>	\$414.18	\$82.84	\$331.34	\$0.00	\$414.18	\$20.71	\$393.47	\$41.42	\$372.76	\$41.42	\$372.76
<b>Basic Gold HMO</b>	\$347.29	\$69.46	\$277.83	\$0.00	\$347.29	\$17.36	\$329.93	\$34.73	\$312.56	\$34.73	\$312.56
<b>Basic Gold PPO</b>	\$483.75	\$96.75	\$387.00	\$0.00	\$483.75	\$24.19	\$459.56	\$48.37	\$435.38	\$48.37	\$435.38
<b>High Deductible Silver PPO</b>	\$273.32	\$54.66	\$218.66	\$0.00	\$273.32	\$13.67	\$259.65	\$27.33	\$245.99	\$27.33	\$245.99
<b>Basic Dental</b>	\$16.25	\$3.25	\$13.00	\$0.00	\$16.25	\$0.81	\$15.44	\$1.62	\$14.63	\$1.62	\$14.63
<b>Buy-up Dental</b>	\$17.32	\$4.32	\$13.00	\$1.07	\$16.25	\$1.88	\$15.44	\$2.69	\$14.63	\$2.69	\$14.63
<b>Basic Vision</b>	\$3.03	\$0.61	\$2.42	\$0.00	\$3.03	\$0.15	\$2.88	\$0.30	\$2.73	\$0.30	\$2.73
<b>Buy-up Vision</b>	\$3.94	\$1.52	\$2.42	\$0.91	\$3.03	\$1.06	\$2.88	\$1.21	\$2.73	\$1.21	\$2.73

**Employee + Spouse**

	Gross Bi-weekly Rate	Standard 80/20		SEPA Group 1 (138-175% FPL)		SEPA Group 2 (175-212% FPL)		SEPA Group 3 (212-250% FPL)	
		Employee 20%	State 80%	Employee 0%	State 100%	Employee 5%	State 95%	Employee 10%	State 90%
<b>Clear Cost Platinum HMO</b>	\$932.99	\$186.60	\$746.39	\$0.00	\$932.99	\$46.65	\$886.34	\$93.30	\$839.69
<b>Basic Gold HMO</b>	\$782.49	\$156.50	\$625.99	\$0.00	\$782.49	\$39.12	\$743.37	\$78.25	\$704.24
<b>Basic Gold PPO</b>	\$1,089.59	\$217.92	\$871.67	\$0.00	\$1,089.59	\$54.48	\$1,035.11	\$108.96	\$980.63
<b>High Deductible Silver PPO</b>	\$616.10	\$123.22	\$492.88	\$0.00	\$616.10	\$30.80	\$585.30	\$61.61	\$554.49
<b>Basic Dental</b>	\$32.47	\$6.49	\$25.98	\$0.00	\$32.47	\$1.62	\$30.85	\$3.25	\$29.22
<b>Buy-up Dental</b>	\$34.62	\$8.64	\$25.98	\$2.15	\$32.47	\$3.77	\$30.85	\$5.40	\$29.22
<b>Basic Vision</b>	\$5.68	\$1.14	\$4.54	\$0.00	\$5.68	\$0.28	\$5.40	\$0.57	\$5.11
<b>Buy-up Vision</b>	\$7.38	\$2.84	\$4.54	\$1.70	\$5.68	\$1.98	\$5.40	\$2.27	\$5.11

**Employee + Children**

	Gross Bi-weekly Rate	Standard 80/20		SEPA Group 1 (138-175% FPL)		SEPA Group 2 (175-212% FPL)		SEPA Group 3 (212-250% FPL)	
		Employee 20%	State 80%	Employee 5%	State 95%	Employee 10%	State 90%	Employee 15%	State 85%
<b>Clear Cost Platinum HMO</b>	\$746.41	\$149.28	\$597.13	\$37.32	\$709.09	\$74.64	\$671.77	\$111.96	\$634.45
<b>Basic Gold HMO</b>	\$626.01	\$125.20	\$500.81	\$31.30	\$594.71	\$62.60	\$563.41	\$93.90	\$532.11
<b>Basic Gold PPO</b>	\$871.66	\$174.33	\$697.33	\$43.58	\$828.08	\$87.17	\$784.49	\$130.75	\$740.91
<b>High Deductible Silver PPO</b>	\$492.87	\$98.57	\$394.30	\$24.64	\$468.23	\$49.29	\$443.58	\$73.93	\$418.94
<b>Basic Dental</b>	\$37.36	\$7.47	\$29.89	\$1.87	\$35.49	\$3.74	\$33.62	\$5.60	\$31.76
<b>Buy-up Dental</b>	\$39.83	\$9.94	\$29.89	\$4.34	\$35.49	\$6.21	\$33.62	\$8.07	\$31.76
<b>Basic Vision</b>	\$6.62	\$1.32	\$5.30	\$0.33	\$6.29	\$0.66	\$5.96	\$0.99	\$5.63
<b>Buy-up Vision</b>	\$8.60	\$3.30	\$5.30	\$2.31	\$6.29	\$2.64	\$5.96	\$2.97	\$5.63

**Family**

	Gross Bi-weekly Rate	Standard 80/20		SEPA Group 1 (138-175% FPL)		SEPA Group 2 (175-212% FPL)		SEPA Group 3 (212-250% FPL)	
		Employee 20%	State 80%	Employee 5%	State 95%	Employee 10%	State 90%	Employee 15%	State 85%
<b>Clear Cost Platinum HMO</b>	\$1,223.24	\$244.65	\$978.59	\$61.16	\$1,162.08	\$122.32	\$1,100.92	\$183.49	\$1,039.75
<b>Basic Gold HMO</b>	\$1,025.92	\$205.18	\$820.74	\$51.30	\$974.62	\$102.59	\$923.33	\$153.89	\$872.03
<b>Basic Gold PPO</b>	\$1,428.60	\$285.72	\$1,142.88	\$71.43	\$1,357.17	\$142.86	\$1,285.74	\$214.29	\$1,214.31
<b>High Deductible Silver PPO</b>	\$807.79	\$161.56	\$646.23	\$40.39	\$767.40	\$80.78	\$727.01	\$121.17	\$686.62
<b>Basic Dental</b>	\$48.72	\$9.74	\$38.98	\$2.44	\$46.28	\$4.87	\$43.85	\$7.31	\$41.41
<b>Buy-up Dental</b>	\$51.94	\$12.96	\$38.98	\$5.66	\$46.28	\$8.09	\$43.85	\$10.53	\$41.41
<b>Basic Vision</b>	\$8.38	\$1.68	\$6.70	\$0.42	\$7.96	\$0.84	\$7.54	\$1.26	\$7.12
<b>Buy-up Vision</b>	\$10.90	\$4.20	\$6.70	\$2.94	\$7.96	\$3.36	\$7.54	\$3.78	\$7.12

**Employee + Domestic Partner**

	Gross Bi-weekly Rate	Standard 80/20		SEPA Group 1 (138-175% FPL)		SEPA Group 2 (175-212% FPL)		SEPA Group 3 (212-250% FPL)					
		Employee 20%	State 80%	Employee 0%	State 100%	Employee 5%	State 95%	Employee 10%	State 90%				
										Pre-Tax	After-Tax	Pre-Tax	After-Tax
<b>Clear Cost Platinum HMO</b>	\$932.99	\$93.30	\$93.30	\$746.39	\$0.00	\$0.00	\$932.99	\$23.33	\$23.32	\$886.34	\$46.65	\$46.65	\$839.69
<b>Basic Gold HMO</b>	\$782.49	\$78.25	\$78.25	\$625.99	\$0.00	\$0.00	\$782.49	\$19.56	\$19.56	\$743.37	\$39.13	\$39.12	\$704.24
<b>Basic Gold PPO</b>	\$1,089.59	\$108.96	\$108.96	\$871.67	\$0.00	\$0.00	\$1,089.59	\$27.24	\$27.24	\$1,035.11	\$54.48	\$54.48	\$980.63
<b>High Deductible Silver PPO</b>	\$616.10	\$61.61	\$61.61	\$492.88	\$0.00	\$0.00	\$616.10	\$15.40	\$15.40	\$585.30	\$30.81	\$30.80	\$554.49
<b>Basic Dental</b>	\$32.47	\$3.25	\$3.24	\$25.98	\$0.00	\$0.00	\$32.47	\$0.81	\$0.81	\$30.85	\$1.63	\$1.62	\$29.22
<b>Buy-up Dental</b>	\$34.62	\$4.32	\$4.32	\$25.98	\$1.07	\$1.08	\$32.47	\$1.89	\$1.88	\$30.85	\$2.70	\$2.70	\$29.22
<b>Basic Vision</b>	\$5.68	\$0.57	\$0.57	\$4.54	\$0.00	\$0.00	\$5.68	\$0.14	\$0.14	\$5.40	\$0.29	\$0.28	\$5.11
<b>Buy-up Vision</b>	\$7.38	\$1.42	\$1.42	\$4.54	\$0.85	\$0.85	\$5.68	\$0.99	\$0.99	\$5.40	\$1.14	\$1.13	\$5.11

**Family with Domestic Partner**

	Gross Bi-weekly Rate	Standard 80/20		SEPA Group 1 (138-175% FPL)		SEPA Group 2 (175-212% FPL)		SEPA Group 3 (212-250% FPL)					
		Employee 20%	State 80%	Employee 5%	State 95%	Employee 10%	State 90%	Employee 15%	State 85%				
										Pre-Tax	After-Tax	Pre-Tax	After-Tax
<b>Clear Cost Platinum HMO</b>	\$1,223.24	\$163.92	\$80.73	\$978.59	\$40.98	\$20.18	\$1,162.08	\$81.95	\$40.37	\$1,100.92	\$122.94	\$60.55	\$1,039.75
<b>Basic Gold HMO</b>	\$1,025.92	\$137.47	\$67.71	\$820.74	\$34.37	\$16.93	\$974.62	\$68.74	\$33.85	\$923.33	\$103.11	\$50.78	\$872.03
<b>Basic Gold PPO</b>	\$1,428.60	\$191.43	\$94.29	\$1,142.88	\$47.86	\$23.57	\$1,357.17	\$95.72	\$47.14	\$1,285.74	\$143.57	\$70.72	\$1,214.31
<b>High Deductible Silver PPO</b>	\$807.79	\$108.25	\$53.31	\$646.23	\$27.06	\$13.33	\$767.40	\$54.12	\$26.66	\$727.01	\$81.18	\$39.99	\$686.62
<b>Basic Dental</b>	\$48.72	\$6.53	\$3.21	\$38.98	\$1.63	\$0.81	\$46.28	\$3.26	\$1.61	\$43.85	\$4.90	\$2.41	\$41.41
<b>Buy-up Dental</b>	\$51.94	\$8.68	\$4.28	\$38.98	\$3.79	\$1.87	\$46.28	\$5.42	\$2.67	\$43.85	\$7.06	\$3.47	\$41.41
<b>Basic Vision</b>	\$8.38	\$1.13	\$0.55	\$6.70	\$0.28	\$0.14	\$7.96	\$0.56	\$0.28	\$7.54	\$0.84	\$0.42	\$7.12
<b>Buy-up Vision</b>	\$10.90	\$2.81	\$1.39	\$6.70	\$1.97	\$0.97	\$7.96	\$2.25	\$1.11	\$7.54	\$2.53	\$1.25	\$7.12