

2018 Benefit Rates for PMH and NHRMC Home Care Employees

2018 PMH & NHRMC HC Medical Plan (Non-Tobacco Rates with Health Risk Assessment - HRA)		
Employee Contribution per 26 pay periods		
	0.8-1.0 FTE	COBRA Monthly
EE Only	\$ 17.00	\$720.09
EE / Children	\$ 54.56	\$1,069.73
*EE / Spouse	\$ 134.19	\$1,496.62
*Family	\$ 157.03	\$1,859.62

**Spousal Surcharge is an additional \$50.00 per pay period, if applicable*

2018 PMH & NHRMC HC Medical Plan (Tobacco Rates with HRA)		
Employee Contribution per 26 pay periods		
	0.8-1.0 FTE	COBRA Monthly
EE Only	\$ 46.35	\$720.09
EE / Children	\$ 76.37	\$1,069.73
*EE / Spouse	\$ 187.87	\$1,496.62
*Family	\$ 219.84	\$1,859.62

**Spousal Surcharge is an additional \$50.00 per pay period, if applicable*

2018 PMH & NHRMC HC Medical Plan (Non-Tobacco Rates without HRA)		
Employee Contribution per 26 pay periods		
	0.8-1.0 FTE	COBRA Monthly
EE Only	\$ 20.39	\$720.09
EE / Children	\$ 65.47	\$1,069.73
*EE / Spouse	\$ 161.03	\$1,496.62
*Family	\$ 188.44	\$1,859.62

**Spousal Surcharge is an additional \$50.00 per pay period, if applicable*

2018 PMH & NHRMC HC Medical Plan (Tobacco Rates without HRA)		
Employee Contribution per 26 pay periods		
	0.8-1.0 FTE	COBRA Monthly
EE Only	\$ 51.50	\$720.09
EE / Children	\$ 81.83	\$1,069.73
*EE / Spouse	\$ 201.29	\$1,496.62
*Family	\$ 235.55	\$1,859.62

**Spousal Surcharge is an additional \$50.00 per pay period, if applicable*

2018 PMH & NHRMC HC Dental Plan		
Employee Contribution per 26 pay periods		
	0.8-1.0 FTE	COBRA Monthly
EE Only	\$ 13.64	\$ 34.92
EE / Children	\$ 34.89	\$ 87.30
EE / Spouse	\$ 26.40	\$ 66.30
Family	\$ 47.65	\$ 119.34

2018 PMH & NHRMC HC Vision Plan		
Employee Contribution per 26 pay periods		
	0.8-1.0 FTE	COBRA Monthly
EE Only	\$ 5.04	\$ 11.14
EE + 1 Dependent	\$ 9.59	\$ 21.19
Family	\$ 13.76	\$ 30.41