



## 2016 HonorHealth Employee Benefits Rate Sheet

### Payroll Deductions Per Pay Period Effective January 1, 2016

(24 payroll deductions per calendar year)

	*Full-time	**Part-time		*Full-time	**Part-time
Health Plans			Dental Plans		
Coordinated Care Plan			Delta Dental Buy-Up Plan		
Employee Only	\$93	\$151	Employee Only	\$10.46	\$15.69
Employee & Spouse/Partner	\$200	\$365	Employee & Spouse/Partner	\$26.44	\$39.66
Employee & Child(ren)	\$120	\$205	Employee & Child(ren)	\$27.55	\$41.32
Employee & Family	\$240	\$445	Employee & Family	\$49.16	\$73.74
Standard Plan			Delta Dental Base Plan		
Employee Only	\$162	\$289	Employee Only	\$5.23	\$7.85
Employee & Spouse/Partner	\$292	\$549	Employee & Spouse/Partner	\$13.22	\$19.83
Employee & Child(ren)	\$167	\$299	Employee & Child(ren)	\$13.77	\$20.65
Employee & Family	\$343	\$651	Employee & Family	\$24.58	\$36.87
Health Savings Account Plan			EDS Dental Plan		
Employee Only	\$93	\$151	Employee Only	\$1.71	\$2.56
Employee & Spouse/Partner	\$200	\$365	Employee & Spouse/Partner	\$3.69	\$5.53
Employee & Child(ren)	\$120	\$205	Employee & Child(ren)	\$4.91	\$7.36
Employee & Family	\$240	\$445	Employee & Family	\$5.72	\$8.58
Tobacco Free Credit – Deduct \$50 from the Health Plan rate if you do not use tobacco products.			Vision Plan		
			VSP	UHC	
			Employee Only	\$3.15	\$2.26
			Employee & Spouse/Partner	\$6.30	\$4.20
			Employee & Child(ren)	\$6.75	\$5.25
			Employee & Family	\$10.78	\$7.34

**\*Full-Time Employee Benefits Rates** - For budgeted positions scheduled to work 60 hours or more per pay period

**\*\*Part-time Employee Benefits Rates** - For budgeted positions scheduled to work 32-59 hours per pay period