

# 2018 BI-WEEKLY PREMIUMS

## Medical and Prescription Drug (does not include Residents)

### HealthyDirections Premium

If you and your covered spouse completed your 2017 Health Track or if you are a new or newly benefited employee as of Sept. 1, 2017, or later, you will pay the HealthyDirections premium for 2018 medical coverage.

	Premier Plan			Premier Plus Plan		
	Standard Hours of 32+	Standard Hours of 20 – 31	Full-time ≤ \$14.25/hour	Standard Hours of 32+	Standard Hours of 20 – 31	Full-time ≤ \$14.25/hour
<b>Employee Only</b>	\$51.73	\$71.73	\$38.79	\$174.32	\$194.32	\$159.72
<b>Employee + Spouse*</b>	\$224.64	\$264.64	\$211.31	\$543.72	\$583.72	\$529.13
<b>Employee + Children</b>	\$164.63	\$204.63	\$151.31	\$367.20	\$407.20	\$352.59
<b>Employee + Family*</b>	\$296.11	\$336.11	\$282.78	\$583.81	\$623.81	\$569.22

### Standard Premium

If you or your covered spouse did not complete your 2017 Health Track by the deadline, you will pay the premiums below:

	Premier Plan			Premier Plus Plan		
	Standard Hours of 32+	Standard Hours of 20 – 31	Full-time ≤ \$14.25/hour	Standard Hours of 32+	Standard Hours of 20 – 31	Full-time ≤ \$14.25/hour
<b>Employee Only</b>	\$81.73	\$101.73	\$58.79	\$204.32	\$224.32	\$179.72
<b>Employee + Spouse*</b>	\$284.64	\$324.64	\$271.31	\$603.72	\$643.72	\$589.13
<b>Employee + Children</b>	\$194.63	\$234.63	\$171.31	\$397.20	\$437.20	\$372.59
<b>Employee + Family*</b>	\$356.11	\$396.11	\$342.78	\$643.81	\$683.81	\$629.22

\* A \$150 spousal surcharge will be deducted every pay period in addition to your Medical Plan premium if your spouse is eligible to participate in his or her employer's medical plan and chooses to participate in the Houston Methodist Medical Plan instead.

## Dental, Vision and Legal

	Dental Plan		Vision Plan	Legal Plan
	DeltaCare USA (DHMO)	Delta Dental PPO		
<b>Employee Only</b>	\$4.04	\$9.93	\$2.97	\$7.62
<b>Employee + Spouse</b>	\$7.70	\$24.72	\$5.64	
<b>Employee + Children</b>	\$8.13	\$32.23	\$5.94	
<b>Employee + Family</b>	\$12.57	\$43.24	\$8.73	

## Optional Employee Life Insurance

Age as of Jan. 1, 2018	Cost per \$1,000 of coverage	Age as of Jan. 1, 2018	Cost per \$1,000 of coverage
Under 30	\$0.012	55 – 59	\$0.11492
30 – 34	\$0.01567	60 – 64	\$0.13523
35 – 39	\$0.02123	65 – 69	\$0.19431
40 – 44	\$0.03184	70 – 74	\$0.40938
45 – 49	\$0.04708	75 & older	\$0.84
50 – 54	\$0.07477		

## Optional Spouse Life Insurance

Coverage Amount	Bi-weekly Premium
\$10,000	\$0.91
\$20,000	\$1.81
\$50,000	\$4.52

## Optional Child Life Insurance

Coverage Amount	Bi-weekly Premium
\$10,000	\$0.91
\$15,000	\$1.36

## Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Option	Cost per \$1,000 of Coverage
<b>Employee</b>	\$0.006
<b>Spouse &amp; Dependent Children*</b>	\$0.00462

\* Employee must be enrolled for spouse and children to have coverage.

## Emergency Medical Transportation – AirMed

Option	Bi-weekly Premium
<b>Dependent (child or spouse)*</b>	\$0.25

\* Cost is per dependent.