

**LSEA EMPLOYEE COST SHARE - MCCLAREN 7.1.16**

Coverage	McClaren HMO \$500/1,000			McClaren HMO \$1,000/2,000			McClaren HSA \$2,000/\$4,000		
	Single	2 Person	Family	Single	2 Person	Family	Single	2 Person	Family
Health	43.80	172.79	202.99	0.80	70.79	87.99	0.00	0.00	0.00
Dental	2.33	4.57	8.25	2.33	4.57	8.25	2.33	4.57	8.25
Vision	0.89	1.78	2.87	0.89	1.78	2.87	0.89	1.78	2.87
Life	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38
Long Term Disability	2.22	2.22	2.22	2.22	2.22	2.22	2.22	2.22	2.22
<b>Total Monthly Cost-Full package</b>	<b>49.62</b>	<b>181.74</b>	<b>216.71</b>	<b>6.62</b>	<b>79.74</b>	<b>101.71</b>	<b>5.82</b>	<b>8.95</b>	<b>13.72</b>

Medical Opt Out	Single	2 Person	Family
Total Monthly Cost-Cash in Lieu	5.82	8.95	13.72

Semi-Monthly Deduction	McClaren HMO \$500/1,000			McClaren HMO \$1,000/2,000			McClaren HSA \$2,000/\$4,000		
	Single	2 Person	Family	Single	2 Person	Family	Single	2 Person	Family
Health (beg. 7/1/16 pay)	21.90	86.40	101.50	0.40	35.40	44.00	0.00	0.00	0.00

**NOTES:**

Medical opt out amounts reflect total cost for dental, vision, life, and LTD coverage.

Health cost will revert to being deducted equally over the first 2 pays of each month beginning on the July 1st pay.

Monthly cost for dental, vision, life, and LTD coverage will be deducted on the first pay of the month beginning on the July 1st pay.