

# City of Tontitown

Contact at BHC:

James McMillan (Agent): James@bhca.com

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Waiting Period for new hires:

first of the month following 30 days

Coverage End date for terminated employees:

end of the month

Open Enrollment:

June

Anniversary Date:

July 1st

Employer Contribution:

Medical: 100% of EE Only Cost

Life/add: 100%

Dental: 100%

Vision: 100%

| <b>MEDICAL--Gold 2000<br/>QualChoice</b> | <b>Total Cost</b> | <b>Portion paid by<br/>Employer</b> | <b>Portion paid by<br/>Employee<br/>Monthly</b> | <b>Portion paid by<br/>Employee Bi-<br/>Weekly</b> |
|--|-------------------|-------------------------------------|---|--|
| Employee                                 | \$509.19          | \$509.19                            | \$0.00  | \$0.00   |
| Employee & Spouse                        | \$1,018.38        | \$509.19                            | \$509.19  | \$254.60   |
| Employee & Child(ren)                    | \$942.00          | \$509.19                            | \$432.81  | \$216.41   |
| Full Family                              | \$1,451.19        | \$509.19                            | \$942.00  | \$471.00   |
|  |                   |                                     |   |  |
| <b>\$15K Life/ADD<br/>QualChoice</b>     | <b>Total Cost</b> | <b>Portion paid by<br/>Employer</b> | <b>Portion paid by<br/>Employee<br/>Monthly</b> | <b>Portion paid by<br/>Employee Bi-<br/>Weekly</b> |
| Employee                                 | \$7.35            | \$7.35                              | \$0.00  | \$0.00   |

| <b>Dental (Delta 1000)<br/>Delta #:</b> | <b>Total Cost</b> | <b>Portion paid by<br/>Employer</b> | <b>Portion paid by<br/>Employee<br/>Monthly</b> | <b>Portion paid by<br/>Employee Bi-<br/>Weekly</b> |
|---|-------------------|-------------------------------------|---|--|
| Employee                                | \$28.52           | \$28.52                             | \$0.00  | \$0.00   |
| Employee & Spouse                       | \$57.04           | \$28.52                             | \$28.52   | \$14.26  |
| Employee & Child(ren)                   | \$62.52           | \$28.52                             | \$34.00   | \$17.00  |
| Full Family                             | \$97.58           | \$28.52                             | \$69.06   | \$34.53  |

| <b>Vision<br/>Delta #</b> | <b>Total Cost</b> | <b>Portion paid by<br/>Employer</b> | <b>Portion paid by<br/>Employee<br/>Monthly</b> | <b>Portion paid by<br/>Employee Bi-<br/>Weekly</b> |
|---------------------------|-------------------|-------------------------------------|---|--|
| Employee                  | \$7.62            | \$7.62                              | \$0.00  | \$0.00   |
| Employee & Spouse         | \$11.78           | \$7.62                              | \$4.16  | \$2.08   |
| Employee & Child(ren)     | \$13.18           | \$7.62                              | \$5.56  | \$2.78   |
| Full Family               | \$19.82           | \$7.62                              | \$12.20   | \$6.10   |