

Assurant Benefits Program

2021 Health, Dental and Vision Plan

Full-Time Employees Per-Pay Period Rates*



ASSURANT®

Non-tobacco users will receive a separate credit of \$18.46 per paycheck, lowering your total contribution.

Coverage Level	EE Only		EE + SP		EE + CH		EE + SP + CH		EE + DP		EE + CP + CH		EE + DP + CP + CH		EE + DP + CH	
	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax
Blue	135.05	0.00	330.41	0.00	299.28	0.00	455.08	0.00	135.05	195.36	135.05	164.23	135.05	320.03	299.28	155.80
Green	78.13	0.00	198.12	0.00	179.97	0.00	269.79	0.00	78.13	119.98	78.13	101.84	78.13	191.66	179.97	89.82
Orange	43.94	0.00	96.57	0.00	90.81	0.00	119.85	0.00	43.94	52.63	43.94	46.87	43.94	75.91	90.81	29.04
Dental Plan	6.50	0.00	12.85	0.00	16.01	0.00	22.74	0.00	6.50	6.36	6.50	9.51	6.50	16.24	16.01	6.73
Vision Plan	3.12	0.00	6.25	0.00	6.41	0.00	9.53	0.00	3.12	3.12	3.12	3.28	3.12	6.41	6.41	3.12

Part-Time Employees Per-Pay Period Rates*

Coverage Level	EE Only		EE + SP		EE + CH		EE + SP + CH		EE + DP		EE + CP + CH		EE + DP + CP + CH		EE + DP + CH	
	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax
Blue	207.89	0.00	456.38	0.00	412.65	0.00	631.48	0.00	207.89	248.50	207.89	204.76	207.89	423.59	412.65	218.83
Green	150.31	0.00	327.39	0.00	296.75	0.00	449.28	0.00	150.31	177.08	150.31	146.44	150.31	298.98	296.75	152.53
Orange	66.71	0.00	226.15	0.00	207.30	0.00	301.71	0.00	66.71	159.45	66.71	140.60	66.71	235.01	207.30	94.41
Dental Plan	8.12	0.00	16.07	0.00	20.01	0.00	28.42	0.00	8.12	7.94	8.12	11.88	8.12	20.30	20.01	8.41
Vision Plan	3.12	0.00	6.25	0.00	6.41	0.00	9.53	0.00	3.12	3.12	3.12	3.28	3.12	6.41	6.41	3.12

*Your deductions may differ slightly due to rounding.

EE=Employee SP=Spouse CH=Employee Child DP=Domestic Partner CP= Domestic Partner Child