

# Assurant Benefits Program

## 2022 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	146.24	0.00	360.35	0.00	326.24	0.00	497.00	0.00	146.24	214.11	146.24	180.00	146.24	350.76	326.24	170.76
Green	83.86	0.00	215.36	0.00	195.48	0.00	293.92	0.00	83.86	131.50	83.86	111.62	83.86	210.06	195.48	98.44
Orange	46.38	0.00	104.07	0.00	97.76	0.00	129.58	0.00	46.38	57.69	46.38	51.38	46.38	83.20	97.76	31.82
Dental Plan	6.66	0.00	13.16	0.00	16.40	0.00	23.29	0.00	6.66	6.50	6.66	9.74	6.66	16.63	16.40	6.89
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	223.88	0.00	494.05	0.00	446.86	0.00	682.97	0.00	223.88	270.17	223.88	222.98	223.88	459.09	446.86	236.11
Green	161.59	0.00	354.30	0.00	321.34	0.00	485.41	0.00	161.59	192.71	161.59	159.75	161.59	323.82	321.34	164.07
Orange	66.07	0.00	244.26	0.00	224.14	0.00	324.96	0.00	66.07	178.19	66.07	158.07	66.07	258.89	224.14	100.82
Dental Plan	8.32	0.00	16.45	0.00	20.50	0.00	29.11	0.00	8.32	8.13	8.32	12.18	8.32	20.79	20.50	8.61
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