

**ESTIMATED HEALTH BENEFITS CONTRIBUTION
FOR PARENT/CHILD COVERAGE**

Salary Range	Tier 2	Tier 3	Tier 4
less than 25,000	1.75%	2.63%	3.50%
25,000-29,999.99	2.25%	3.38%	4.50%
30,000-34,999.99	3.00%	4.50%	6.00%
35,000-39,999.99	3.50%	5.25%	7.00%
40,000-44,999.99	4.00%	6.00%	8.00%
45,000-49,999.99	5.00%	7.50%	10.00%
50,000-54,999.99	7.50%	11.25%	15.00%
55,000-59,999.99	8.50%	12.75%	17.00%
60,000-64,999.99	10.50%	15.75%	21.00%
65,000-69,999.99	11.50%	17.25%	23.00%
70,000-74,999.99	13.00%	19.50%	26.00%
75,000-79,999.99	13.50%	20.25%	27.00%
80,000-84,999.99	14.00%	21.00%	28.00%
85,000-99,999.99	15.00%	22.50%	30.00%
100,000 and over	17.50%	26.25%	35.00%

These cost estimates to employees based upon the annual salary range in accordance to the Tiered implementation of the Health Insurance Contribution requirements. These estimates are subject to change.