

EMPLOYER PROVIDED BENEFIT	EMPLOYER'S RATE	ACCOUNT CODE
Unemployment Compensation	0.07%	519800
State Leave Payment Reserve	0.66%	517600

GROUP HEALTH INSURANCE	EMPLOYER	EMPLOYER	TOTAL	ACCOUNT CODE
SEMI-MONTHLY RATES	MEDICAL	DENTAL		
Full-Time Single Employee	\$305.64	\$11.32	\$316.96	519500
Part-Time Single Employee	\$244.60	\$6.58	\$251.18	519500
Full-Time Employee, Dependent Coverage*	\$447.83	\$18.98	\$466.81	519500
Part-Time Employee, Dependent Coverage*	\$356.36	\$13.26	\$369.62	519500
Full-Time Healthy Kids Dependent Coverage	\$476.06	\$18.98	\$495.04	519500
Part-Time Healthy Kids Dependent Coverage	\$379.81	\$13.26	\$393.07	519500

\* Note that these amounts include the Single Employee rate plus the Dependent Coverage rate added together.

For GHI Plan C and Plan N rates, the semi-monthly portion of the quarterly Employer HSA/HRA amount is subtracted from the semi-monthly Employer Medical to calculate the semi-monthly ER GHI Contribution for employee paychecks.

Plan C Semi-Monthly ER GHI Contribution	Employer Medical less semi-monthly portion of quarterly HSA/HRA ER Contribution	EMPLOYER DENTAL	TOTAL	ACCOUNT CODE
Full-Time Single Employee	$305.64 - 41.66 = 263.98$	\$11.32	\$275.30	519500
Part-Time Single Employee	$244.60 - 26.05 = 218.55$	\$6.58	\$225.13	519500
Full-Time Employee + child(ren)	$447.83 - 72.91 = 374.92$	\$18.98	\$393.90	519500
Full-Time Employee + SP/Family	$447.83 - 52.08 = 395.75$	\$18.98	\$414.73	519500
Part-Time Employee + child(ren)	$356.36 - 49.48 = 306.88$	\$13.26	\$320.14	519500
Part-Time Employee + SP/Family	$356.36 - 28.65 = 327.71$	\$13.26	\$340.97	519500
Full-Time Healthy Kids + child(ren)	$476.06 - 72.91 = 403.15$	\$18.98	\$422.13	519500
Full-Time Healthy Kids + Family	$476.06 - 52.08 = 423.98$	\$18.98	\$442.96	519500
Part-Time Healthy Kids + child(ren)	$379.81 - 49.48 = 330.33$	\$13.26	\$343.59	519500
Part-Time Healthy Kids + Family	$379.81 - 28.65 = 351.16$	\$13.26	\$364.42	519500
Plan N Semi-Monthly ER GHI Contribution	Employer Medical less semi-monthly portion of quarterly HSA/HRA ER Contribution	EMPLOYER DENTAL	TOTAL	ACCOUNT CODE
Full-Time Single Employee	$305.64 - 20.83 = 284.81$	\$11.32	\$296.13	519500
Part-Time Single Employee	$244.60 - 13.02 = 231.58$	\$6.58	\$238.16	519500
Full-Time Employee + child(ren)	$447.83 - 36.46 = 411.37$	\$18.98	\$430.35	519500
Full-Time Employee + SP/Family	$447.83 - 26.04 = 421.79$	\$18.98	\$440.77	519500
Part-Time Employee + child(ren)	$356.36 - 24.74 = 331.62$	\$13.26	\$344.88	519500
Part-Time Employee + SP/Family	$356.36 - 14.32 = 342.04$	\$13.26	\$355.30	519500
Full-Time Healthy Kids + child(ren)	$476.06 - 36.46 = 439.60$	\$18.98	\$458.58	519500
Full-Time Healthy Kids + Family	$476.06 - 26.04 = 450.02$	\$18.98	\$469.00	519500
Part-Time Healthy Kids + child(ren)	$379.81 - 24.74 = 355.07$	\$13.26	\$368.33	519500
Part-Time Healthy Kids + Family	$379.81 - 14.32 = 365.49$	\$13.26	\$378.75	519500