MDC 2024 BIWEE Only applicable to employees cove					Age 26 to 30		
AVMED ADVANTAGE MEDICAL PLANS		EMPLOYEE Total Deduction	PRE-TAX PORTION	POST-TAX PORTION	Subsidy	Employee Only Subsidy	¹ IMPUTED BW INCOME TO EE (Subsidy)
Rates for all employees							•
Code POSADV		POS Advantag	je				
EE + Child & DP Child (and/ or 26+ Chld) (EC)	Level 13	\$285.86	\$100.00	\$185.86	\$469.58	\$0.00	\$469.58
EE + DP Child (and/or 26+ Chld) (EC)	Level 16	\$285.86	\$100.00	\$185.86	\$469.58	\$0.00	\$469.58
EE + Domestic Partner (ES)	Level 12	\$344.54	\$100.00	\$244.54	\$544.99	\$0.00	\$544.99
EE + Child & Domestic Partner (ES)	Level 14	\$595.59	\$285.86	\$309.73	\$544.99	\$0.00	\$544.99
EE + Domestic Partner & DP Child (and/or 26+ Chld) (EF)	Level 18	\$595.59	\$100.00	\$495.59	\$873.75	\$0.00	\$873.75
EE + Child, Domestic Partner & DP Child(and/or 26+ Chld) (EF)	Level 17	\$595.59	\$100.00	\$495.59	\$873.75	\$0.00	\$873.75
EE + Spouse & 26+ Child (EC)	Level 15	\$595.59	\$344.54	\$251.05	\$469.58	\$0.00	\$469.58
Code HMOADV		HMO Advanta	ge				
EE + Child & DP Child (and/ or 26+ Chld) (EC)	Level 13	\$180.17	\$75.00	\$105.17	\$318.27	\$0.00	\$318.27
EE + DP Child (and/or 26+ Chld) (EC)	Level 16	\$180.17	\$75.00	\$105.17	\$318.27	\$0.00	\$318.27
EE + Domestic Partner (ES)	Level 12	\$208.35	\$75.00	\$133.35	\$359.57	\$0.00	\$359.57
EE + Child & Domestic Partner (ES)	Level 14	\$287.77	\$180.17	\$107.60	\$359.57	\$0.00	\$359.57
EE + Domestic Partner & DP Child (and/or 26+ Chld) (EF)	Level 18	\$287.77	\$75.00	\$212.77	\$487.22	\$0.00	\$487.22
EE + Child, Domestic Partner & DP Child(and/or 26+ Chld) (EF)	Level 17	\$287.77	\$75.00	\$212.77	\$487.22	\$0.00	\$487.22
EE + Spouse & 26+ Child (EC)	Level 15	\$287.77	\$208.35	\$79.42	\$318.27	\$0.00	\$318.27
Code SELADV		Select Advant	age HMO	I			
EE + Child & DP Child (and/ or 26+ Chld) (EC)	Level 13	\$141.00	\$0.00	\$141.00	\$252.36	\$0.00	\$252.36
EE + DP Child (and/or 26+ Chld) (EC)	Level 16	\$141.00	\$0.00	\$141.00	\$252.36	\$0.00	\$252.36
EE + Domestic Partner (ES)	Level 12	\$166.00	\$0.00	\$166.00	\$291.94	\$0.00	\$291.94
EE + Child & Domestic Partner (ES)	Level 14	\$236.00	\$141.00	\$95.00	\$291.94	\$0.00	\$291.94
EE + Domestic Partner & DP Child (and/or 26+ Chld) (EF)	Level 18	\$236.00	\$0.00	\$236.00	\$414.32	\$0.00	\$414.32
EE + Child, Domestic Partner & DP Child(and/or 26+ Chld) (EF)	Level 17	\$236.00	\$0.00	\$236.00	\$414.32	\$0.00	\$414.32
EE + Spouse & 26+ Child (EC)	Level 15	\$236.00	\$166.00	\$70.00	\$252.36	\$0.00	\$252.36
Code FCAHMO		First Choice A	dvantage HMC)			
EE + Child & DP Child (and/ or 26+ Chld) (EC)	Level 13	\$112.02	\$0.00	\$112.02	\$221.41	\$0.00	\$221.41
EE + DP Child (and/or 26+ Chld) (EC)	Level 16	\$112.02	\$0.00	\$112.02	\$221.41	\$0.00	\$221.41
EE + Domestic Partner (ES)	Level 12	\$134.71	\$0.00	\$134.71	\$253.47	\$0.00	\$253.47
EE + Child & Domestic Partner (ES)	Level 14	\$197.84	\$112.02	\$85.82	\$253.47	\$0.00	\$253.47
EE + Domestic Partner & DP Child (and/or 26+ Chld) (EF)	Level 18	\$197.84	\$0.00	\$197.84	\$353.45	\$0.00	\$353.45
EE + Child, Domestic Partner & DP Child(and/or 26+ Chld) (EF)	Level 17	\$197.84	\$0.00	\$197.84	\$353.45	\$0.00	\$353.45
EE + Spouse & 26+ Child (EC)	Level 15	\$197.84	\$134.71	\$63.13	\$221.41	\$0.00	\$221.41

NOTE: Cannot add a DP child during the year if tier level is EE + Child (pre-tax rate). Pre-tax portion cannot be changed during the year without an IRC Section 125 qualifying event. Employees covering a domestic partner (DP) and the child of the domestic partner (DP child) will have the insurance payroll deduction separated into pre-and post-tax amounts. Current IRS rules do not permit pre-taxing of the a consider partial of the density partial (b) and the density partial (b) and the monotonic of the premium an employee pays related to a down with the premium an employee pays related to a down with the premium and the pre

employee as defined by IRS rules and also child dependents of the domestic partner, the entire premium will be considered taxable and deducted on a post-tax basis. ¹ Federal tax laws require that the fair market value of domestic partner benefits, and coverage for overage children 26+ to 30, be included in the employee's income and subject to taxes, including

FICA/MICA taxes. The amount shown in the column marked "Imputed Income" becomes additional income to the employee, in accordance with IRS rules and are taxed accordingly. Consult a tax advisor on how this impacts your particular situation.

Delta Dental PPO Code DPPOE (Enriched) Code DELPPO (Standard)		EMPLOYEE TOTAL DEDUCTION	PRE-TAX PORTION	POST-TAX PORTION	Subsidy	Employee Only Subsidy	¹ IMPUTED BW INCOME TO EE
EE + DP Child - (EE+1/Std)	Level 16	\$12.46	\$0.00	\$12.46	\$0.00	\$0.00	\$0.00
EE + DP Child - (EE+1/Enr)	Level 16	\$22.70	\$5.19	\$17.51	\$0.00	\$0.00	\$0.00
EE + Domestic Partner - (EE+1/Std)	Level 12	\$12.46	\$0.00	\$12.46	\$0.00	\$0.00	\$0.00
EE + Domestic Partner - (EE+1/Enr)	Level 12	\$22.70	\$5.19	\$17.51	\$0.00	\$0.00	\$0.00
EE + Child & DP Child - (F/Std)	Level 13	\$27.86	\$0.00	\$27.86	\$0.00	\$0.00	\$0.00
EE + Child & DP Child - (F/Enr)	Level 13	\$44.40	\$5.19	\$39.21	\$0.00	\$0.00	\$0.00
EE + Child & Domestic Partner - (F/Std)	Level 14	\$27.86	\$0.00	\$27.86	\$0.00	\$0.00	\$0.00
EE + Child & Domestic Partner - (F/Enr)	Level 14	\$44.40	\$5.19	\$39.21	\$0.00	\$0.00	\$0.00
EE + Domestic Partner & DP Child - (F/Std)	Level 18	\$27.86	\$0.00	\$27.86	\$0.00	\$0.00	\$0.00
EE + Domestic Partner & DP Child - (F/Enr)	Level 18	\$44.40	\$5.19	\$39.21	\$0.00	\$0.00	\$0.00
EE + Child, Domestic Part. & DP Child - (F/S)	Level 17	\$27.86	\$0.00	\$27.86	\$0.00	\$0.00	\$0.00
EE + Child, Domestic Part. & DP Child - (F/E)	Level 17	\$44.40	\$5.19	\$39.21	\$0.00	\$0.00	\$0.00
DeltaCare USA DENTAL (DHMO) Code DHMOE (Enriched) Code DHMOS (Standard)		EMPLOYEE TOTAL DEDUCTION	PRE-TAX PORTION	POST-TAX PORTION	Subsidy	Employee Only Subsidy	¹ IMPUTED BW INCOME TO EE
EE + DP Child - (EE+1/Std)	Level 16	\$3.00	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00
EE + DP Child - (EE+1/Enr)	Level 16	\$3.97	\$0.56	\$3.41	\$0.00	\$0.00	\$0.00
EE + Domestic Partner - (EE+1/Std)	Level 12	\$3.00	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00
EE + Domestic Partner - (EE+1/Enr)	Level 12	\$3.97	\$0.56	\$3.41	\$0.00	\$0.00	\$0.00
EE + Child & DP Child - (F/Std)	Level 13	\$7.04	\$0.00	\$7.04	\$0.00	\$0.00	\$0.00
EE + Child & DP Child - (F/Enr)	Level 13	\$9.02	\$0.56	\$8.46	\$0.00	\$0.00	\$0.00
EE + Child & Domestic Partner - (F/Std)	Level 14	\$7.04	\$0.00	\$7.04	\$0.00	\$0.00	\$0.00
EE + Child & Domestic Partner - (F/Enr)	Level 14	\$9.02	\$0.56	\$8.46	\$0.00	\$0.00	\$0.00
EE + Domestic Partner & DP Child - (F/Std)	Level 18	\$7.04	\$0.00	\$7.04	\$0.00	\$0.00	\$0.00
EE + Domestic Partner & DP Child - (F/Enr)	Level 18	\$9.02	\$0.56	\$8.46	\$0.00	\$0.00	\$0.00
EE + Child, Domestic Part. & DP Child - (F/S)	Level 17	\$7.04	\$0.00	\$7.04	\$0.00	\$0.00	\$0.00
EE + Child, Domestic Part. & DP Child - (F/E)	Level 17	\$9.02	\$0.56	\$8.46	\$0.00	\$0.00	\$0.00
HUMANA VISION PLAN Code HUMENR (Enriched) Code HUMANA (Standard)		EMPLOYEE TOTAL DEDUCTION	PRE-TAX PORTION	POST-TAX PORTION	Subsidy	Employee Only Subsidy	¹ IMPUTED BW INCOME TO EE
EE + DP Child (EE+1/Std)	Level 16	\$6.79	\$3.40	\$3.39	\$0.00	\$0.00	\$0.00
EE + DP Child (EE+1/Enr)	Level 16	\$8.38	\$4.19	\$4.19	\$0.00	\$0.00	\$0.00
EE + Domestic Partner (EE+1/Std)	Level 12	\$6.79	\$3.40	\$3.39	\$0.00	\$0.00	\$0.00
EE + Domestic Partner (EE+1/Enr)	Level 12	\$8.38	\$4.19	\$4.19	\$0.00	\$0.00	\$0.00
EE + Child & DP Child (Family/Std)	Level 13	\$12.20	\$3.40	\$8.80	\$0.00	\$0.00	\$0.00
EE + Child & DP Child (Family/Enr)	Level 13	\$15.41	\$4.19	\$11.22	\$0.00	\$0.00	\$0.00
EE + Child & Domestic Partner (Family/Std)	Level 14	\$12.20	\$3.40	\$8.80	\$0.00	\$0.00	\$0.00
EE + Child & Domestic Partner (Family/Enr)	Level 14	\$15.41	\$4.19	\$11.22	\$0.00	\$0.00	\$0.00
EE + Domestic Partner & DP Child (Family/Std)	Level 18	\$12.20	\$3.40	\$8.80	\$0.00	\$0.00	\$0.00
EE + Domestic Partner & DP Child (Family/Enr)	Level 18	\$15.41	\$4.19	\$11.22	\$0.00	\$0.00	\$0.00
EE + Child, Domestic Part. & DP Child (Family/Std)	Level 17	\$12.20	\$3.40	\$8.80	\$0.00	\$0.00	\$0.00
EE + Child, Domestic Part. & DP Child (Family/Enr)	Level 17	\$15.41	\$4.19	\$11.22	\$0.00	\$0.00	\$0.00

carved out as pre-tax. Consult a tax advisor on how this impacts your particular situation. NOTE: Coverage for dependent children, on the dental and vision plans, ends on December 31 of the year the dependent turns age 26.