

EMPLOYER PROVIDED BENEFIT	EMPLOYER'S RATE	ACCOUNT CODE
Unemployment Compensation	0.46%	519800
State Leave Payment Reserve	0.70%	517600

GROUP HEALTH INSURANCE	EMPLOYER	EMPLOYER	TOTAL	ACCOUNT CODE
SEMI-MONTHLY RATES	MEDICAL	DENTAL		
Full-Time Single Employee	\$314.81	\$11.70	\$326.51	519500
Part-Time Single Employee	\$251.94	\$6.80	\$258.74	519500
Full-Time Employee, Dependent Coverage*	\$461.26	\$19.61	\$480.87	519500
Part-Time Employee, Dependent Coverage*	\$367.05	\$13.70	\$380.75	519500
Full-Time Healthy Kids Dependent Coverage	\$490.34	\$19.61	\$509.95	519500
Part-Time Healthy Kids Dependent Coverage	\$391.20	\$13.70	\$404.90	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	$314.81 - 41.66 = 273.15$	\$11.70	\$284.85	519500
Part-Time Single Employee	$251.94 - 26.05 = 225.89$	\$6.80	\$232.69	519500
Full-Time Employee + child(ren)	$461.26 - 72.91 = 388.35$	\$19.61	\$407.96	519500
Full-Time Employee + SP/Family	$461.26 - 52.08 = 409.18$	\$19.61	\$428.79	519500
Part-Time Employee + child(ren)	$367.05 - 49.48 = 317.57$	\$13.70	\$331.27	519500
Part-Time Employee + SP/Family	$367.05 - 28.65 = 338.40$	\$13.70	\$352.10	519500
Full-Time Healthy Kids + child(ren)	$490.34 - 72.91 = 417.43$	\$19.61	\$437.04	519500
Full-Time Healthy Kids + Family	$490.34 - 52.08 = 438.26$	\$19.61	\$457.87	519500
Part-Time Healthy Kids + child(ren)	$391.20 - 49.48 = 341.72$	\$13.70	\$355.42	519500
Part-Time Healthy Kids + Family	$391.20 - 28.65 = 362.55$	\$13.70	\$376.25	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	$314.81 - 20.83 = 293.98$	\$11.70	\$305.68	519500
Part-Time Single Employee	$251.94 - 13.02 = 238.92$	\$6.80	\$245.72	519500
Full-Time Employee + child(ren)	$461.26 - 36.46 = 424.80$	\$19.61	\$444.41	519500
Full-Time Employee + SP/Family	$461.26 - 26.04 = 435.22$	\$19.61	\$454.83	519500
Part-Time Employee + child(ren)	$367.05 - 24.74 = 342.31$	\$13.70	\$356.01	519500
Part-Time Employee + SP/Family	$367.05 - 14.32 = 352.73$	\$13.70	\$366.43	519500
Full-Time Healthy Kids + child(ren)	$490.34 - 36.46 = 453.88$	\$19.61	\$473.49	519500
Full-Time Healthy Kids + Family	$490.34 - 26.04 = 464.30$	\$19.61	\$483.91	519500
Part-Time Healthy Kids + child(ren)	$391.20 - 24.74 = 366.46$	\$13.70	\$380.16	519500
Part-Time Healthy Kids + Family	$391.20 - 14.32 = 376.88$	\$13.70	\$390.58	519500