

2017 StarCorp, LLC

Salary Employee Rates Per Paycheck

MEDICAL				
YOUR PER PAYCHECK COST (26 pay periods)	Bronze PPO+HSA \$4,000	Silver PPO \$6,000	Gold PPO \$2,500	Alliance \$6,000 (AZ ONLY)
Employee Only	\$197.95	\$168.28	\$197.75	\$148.52
Employee + Spouse	\$285.50	\$220.21	\$275.05	\$201.75
Employee + Child(ren)	\$276.11	\$219.73	\$258.72	\$192.19
Employee + Family	\$433.45	\$338.49	\$402.80	\$305.27

DENTAL	
Plan Type (26 Pay Period)	MetLife
Employee	\$12.99
Employee + Spouse	\$25.77
Employee + Child(ren)	\$27.43
Employee + Family	\$42.91

VISION	
Plan Type (26 Pay Period)	MetLife
Employee	\$3.18
Employee + Spouse	\$6.38
Employee + Child(ren)	\$5.40
Employee + Family	\$8.91

VOLUNTARY LIFE INSURANCE PREMIUM RATES	
Age of Employee	Employee (per \$10,000) (26 Pay Period)
Under 30	\$0.92
30 to 34	\$1.01
35 to 39	\$1.13
40 to 44	\$1.58
45 to 49	\$2.35
50 to 54	\$3.58
55 to 59	\$5.46
60 to 64	\$8.00
65 to 69	\$14.50
Child: \$1,000 = \$0.29 / \$2,000 = \$0.58 / \$4,000 = \$1.16 / \$5,000 = \$1.46 / \$10,000 = \$2.91 (Rates are per family, regardless of amount of children)	