

Paycheck Deductions

Lawson IT&S: 10207

This pricing is subject to change and it may not apply to you based on your current status.

Medical Plan Coverage Rates

If you do **not** confirm you are nicotine-free, the medical plan deduction on your paycheck will be the coverage rate listed on this chart:

Medical Plan Options	Status	Employee Only		Employee + 1		Employee + 2		Employee + 3 or more	
		Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly
Well Care Level 1	Full-time	\$41.00	\$88.83	\$114.03	\$247.06	\$136.29	\$295.29	\$158.55	\$343.52
	Part-time	\$172.70	\$374.18	\$320.44	\$694.28	\$394.31	\$854.33	\$468.17	\$1,014.36
Well Care Level 2	Full-time	\$55.80	\$120.90	\$143.62	\$311.17	\$173.28	\$375.44	\$202.94	\$439.70
	Part-time	\$187.50	\$406.25	\$350.03	\$758.39	\$431.30	\$934.48	\$512.56	\$1,110.54
Well Care Level 3	Full-time	\$91.44	\$198.12	\$214.92	\$465.66	\$262.40	\$568.53	\$309.89	\$671.42
	Part-time	\$223.14	\$483.47	\$421.33	\$912.88	\$520.42	\$1,127.57	\$619.51	\$1,342.27
Essential Plan	Full-time	\$26.24	\$56.85	\$84.50	\$183.08	\$99.38	\$215.32	\$114.26	\$247.56
	Part-time	\$157.94	\$342.20	\$290.91	\$630.30	\$357.40	\$774.36	\$423.88	\$918.40

Medical Plan Coverage Rates if You are Nicotine-Free:

If you confirm you are nicotine-free, the medical plan deduction on your paycheck will be the above rates on your paycheck, but there will be another line item – **TobDscnt** – showing your discount. When combined, here's what you will actually pay for medical coverage:

Medical Plan Options	Status	Employee Only		Employee + 1		Employee + 2		Employee + 3 or more	
		Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly
Well Care Level 1	Full-time	\$16.00	\$34.66	\$89.03	\$192.89	\$111.29	\$241.12	\$133.55	\$289.35
	Part-time	\$147.70	\$320.01	\$295.44	\$640.12	\$369.31	\$800.17	\$443.17	\$960.20
Well Care Level 2	Full-time	\$30.80	\$66.73	\$118.62	\$257.01	\$148.28	\$321.27	\$177.94	\$385.53
	Part-time	\$162.50	\$352.08	\$325.03	\$704.23	\$406.30	\$880.31	\$487.56	\$1,056.38
Well Care Level 3	Full-time	\$66.44	\$143.95	\$189.92	\$411.49	\$237.40	\$514.36	\$284.89	\$617.26
	Part-time	\$198.14	\$429.30	\$396.33	\$858.71	\$495.42	\$1,073.41	\$594.51	\$1,288.10
Essential Plan	Full-time	\$1.24	\$2.68	\$59.50	\$128.91	\$74.38	\$161.15	\$89.26	\$193.39
	Part-time	\$132.94	\$288.03	\$265.91	\$576.13	\$332.40	\$720.20	\$398.88	\$864.24

Dental and Vision Coverage Rates

	Status	Employee Only		Employee + 1		Employee + 2		Employee + 3 or more	
		Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly
MetLife Dental PPO (Basic)	Full-time	\$16.00	\$34.68	\$32.01	\$69.37	\$44.82	\$97.11	\$57.62	\$124.86
	Part-time	\$16.00	\$34.68	\$32.01	\$69.37	\$44.82	\$97.11	\$57.62	\$124.86
MetLife Dental PPO (Premium)	Full-time	\$18.27	\$39.60	\$36.54	\$79.19	\$51.17	\$110.87	\$65.79	\$142.55
	Part-time	\$18.27	\$39.60	\$36.54	\$79.19	\$51.17	\$110.87	\$65.79	\$142.55
Cigna Dental Care DMO	Full-time	\$10.36	\$22.45	\$19.89	\$43.10	\$28.28	\$61.29	\$33.11	\$71.74
	Part-time	\$10.36	\$22.45	\$19.89	\$43.10	\$28.28	\$61.29	\$33.11	\$71.74
Humana DHMO	Full-time	\$5.16	\$11.20	\$9.63	\$20.88	\$11.66	\$25.28	\$12.96	\$28.10
	Part-time	\$5.16	\$11.20	\$9.63	\$20.88	\$11.66	\$25.28	\$12.96	\$28.10
EyeMed Vision	Full-time	\$3.10	\$6.73	\$4.74	\$10.29	\$6.44	\$13.97	\$7.94	\$17.21
	Part-time	\$3.10	\$6.73	\$4.74	\$10.29	\$6.44	\$13.97	\$7.94	\$17.21

Life Insurance and Long-Term Disability Coverage

These expenses are based on your age and salary level and can change from year to year. You can obtain details about your premiums during the online enrollment process or by calling BConnected.