



# Monthly Employer Contribution Chart



12/01/2024 to 11/30/2025

**Option 1 - HMO**  
Health Plan  
**Kaiser**  
Gold 35  
Full Network

**Option 2 - HMO**  
Health Plan  
**Anthem Blue Cross**  
Gold 35  
Full Network

**Option 3 - PPO**  
Health Plan  
**Anthem Blue Cross**  
Gold 30/500/20%  
Full Network

**Employer Allowance Formula/Amount:**

Employee Dependent	80% 40%				80% 40%				80% 40%			
	EMPLOYER SHARE		Employee Share		EMPLOYER SHARE		Employee Share		EMPLOYER SHARE		Employee Share	
	Empl	Dep	Empl	Dep	Empl	Dep	Empl	Dep	Empl	Dep	Empl	Dep
0-14	259.45	129.72	64.86	194.59	248.83	124.42	62.21	186.62	311.86	155.93	77.96	233.89
15	281.50	140.75	70.37	211.12	270.95	135.48	67.74	203.21	339.58	169.79	84.89	254.68
16	289.92	144.96	72.48	217.44	279.41	139.70	69.85	209.56	350.18	175.09	87.54	262.63
17	298.35	149.18	74.59	223.76	287.86	143.93	71.97	215.90	360.78	180.39	90.19	270.58
18	307.43	153.72	76.86	230.57	296.98	148.49	74.24	222.73	372.19	186.10	93.05	279.14
19	305.10	152.55	76.27	228.82	306.08	153.04	76.52	229.56	383.61	191.80	95.90	287.71
20	314.50	157.25	78.62	235.87	315.51	157.76	78.88	236.63	395.42	197.71	98.86	296.57
21	324.22	162.11	81.06	243.17	325.27	162.64	81.32	243.95	407.66	203.83	101.91	305.74
22	324.22	162.11	81.06	243.17	325.27	162.64	81.32	243.95	407.66	203.83	101.91	305.74
23	324.22	162.11	81.06	243.17	325.27	162.64	81.32	243.95	407.66	203.83	101.91	305.74
24	324.22	162.11	81.06	243.17	325.27	162.64	81.32	243.95	407.66	203.83	101.91	305.74
25	325.52	162.76	81.38	244.14	326.58	163.29	81.64	244.93	409.29	204.64	102.32	306.97
26	332.00	166.00	83.00	249.00	333.08	166.54	83.27	249.81	417.44	208.72	104.36	313.08
27	339.78	169.89	84.95	254.84	340.89	170.44	85.22	255.67	427.22	213.61	106.81	320.42
28	352.43	176.22	88.11	264.32	353.57	176.78	88.39	265.18	443.12	221.56	110.78	332.34
29	362.81	181.40	90.70	272.11	363.98	181.99	90.99	272.98	456.17	228.08	114.04	342.13
30	367.99	184.00	92.00	275.99	369.18	184.59	92.30	276.89	462.69	231.34	115.67	347.02
31	375.78	187.89	93.94	281.83	376.99	188.50	94.25	282.74	472.47	236.24	118.12	354.35
32	383.55	191.78	95.89	287.66	384.80	192.40	96.20	288.60	482.26	241.13	120.56	361.69
33	388.42	194.21	97.10	291.31	389.67	194.84	97.42	292.25	488.37	244.18	122.09	366.28
34	393.61	196.80	98.40	295.21	394.88	197.44	98.72	296.16	494.90	247.45	123.72	371.17
35	396.20	198.10	99.05	297.15	397.48	198.74	99.37	298.11	498.15	249.08	124.54	373.61
36	398.79	199.40	99.70	299.09	400.09	200.04	100.02	300.07	501.42	250.71	125.35	376.06
37	401.38	200.69	100.35	301.04	402.69	201.34	100.67	302.02	504.68	252.34	126.17	378.51
38	403.98	201.99	101.00	302.99	405.29	202.64	101.32	303.97	507.94	253.97	126.98	380.95
39	409.17	204.58	102.29	306.88	410.50	205.25	102.62	307.87	514.46	257.23	128.62	385.85
40	414.35	207.18	103.59	310.76	415.70	207.85	103.92	311.77	520.98	260.49	130.25	390.74
41	422.14	211.07	105.53	316.60	423.50	211.75	105.88	317.63	530.77	265.38	132.69	398.08
42	429.59	214.80	107.40	322.19	430.98	215.49	107.75	323.24	540.14	270.07	135.04	405.11
43	439.97	219.98	109.99	329.98	441.39	220.70	110.35	331.04	553.19	276.60	138.30	414.89
44	452.94	226.47	113.23	339.70	454.41	227.20	113.60	340.81	569.50	284.75	142.37	427.12
45	468.18	234.09	117.04	351.13	469.70	234.85	117.42	352.27	588.66	294.33	147.16	441.49
46	486.34	243.17	121.58	364.75	487.91	243.96	121.98	365.93	611.49	305.74	152.87	458.62
47	506.76	253.38	126.69	380.07	508.40	254.20	127.10	381.30	637.17	318.58	159.29	477.88
48	530.10	265.05	132.53	397.58	531.82	265.91	132.95	398.86	666.52	333.26	166.63	499.89
49	553.12	276.56	138.28	414.84	554.91	277.46	138.73	416.18	695.46	347.73	173.87	521.60
50	579.06	289.53	144.77	434.30	580.94	290.47	145.23	435.70	728.07	364.04	182.02	546.05
51	604.67	302.34	151.17	453.50	606.63	303.32	151.66	454.97	760.28	380.14	190.07	570.21
52	632.88	316.44	158.22	474.66	634.93	317.46	158.73	476.20	795.74	397.87	198.94	596.81
53	661.42	330.71	165.35	496.06	663.55	331.78	165.89	497.66	831.62	415.81	207.90	623.71
54	692.22	346.11	173.05	519.16	694.46	347.23	173.61	520.84	870.34	435.17	217.59	652.76
55	723.02	361.51	180.75	542.26	725.36	362.68	181.34	544.02	909.07	454.54	227.27	681.80
56	756.41	378.20	189.10	567.31	758.86	379.43	189.71	569.14	951.06	475.53	237.77	713.30
57	790.13	395.06	197.53	592.60	792.69	396.34	198.17	594.52	993.46	496.73	248.36	745.09
58	826.12	413.06	206.53	619.59	828.79	414.40	207.20	621.59	###	519.35	259.68	779.03
59	843.95	421.98	210.99	632.96	846.68	423.34	211.67	635.01	###	530.56	265.28	795.85
60	879.94	439.97	219.98	659.95	882.79	441.40	220.70	662.09	###	553.19	276.59	829.78
61	911.06	455.53	227.77	683.30	914.02	457.01	228.50	685.51	###	572.76	286.38	859.13
62	931.49	465.74	232.87	698.62	934.50	467.25	233.63	700.88	###	585.60	292.80	878.39
63	957.10	478.55	239.28	717.83	960.20	480.10	240.05	720.15	###	601.70	300.85	902.55
64+	972.67	486.34	243.17	729.50	975.82	487.91	243.95	731.86	###	611.48	305.74	917.23

**LIFE Group Life Plan \$25,000 Employee & \$10,000 Dependents**

All Ages                      Age Banded                      Employer pays

# 26 Pay Periods



## Deduction Chart (Shown Per Pay period)

12/01/2024 to 11/30/2025

Age At enrollment until plan anniversary	Option 1 - HMO Health Plan Kaiser Gold 35 Full Network	Option 2 - HMO Health Plan Anthem Blue Cross Gold 35 Full Network	Option 3 - PPO Health Plan Anthem Blue Cross Gold 30/500/20% Full Network
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\*Pediatric Dental Rate Included for age 19 and under in table below

Age	Empl	Dep	Empl	Dep	Empl	Dep
0-14	29.94	89.81	28.71	86.13	35.98	107.95
15	32.48	97.44	31.26	93.79	39.18	117.55
16	33.45	100.36	32.24	96.72	40.40	121.21
17	34.43	103.28	33.22	99.65	41.63	124.88
18	35.47	106.42	34.27	102.80	42.95	128.84
19	35.20	105.61	35.32	105.95	44.26	132.79
20	36.29	108.86	36.41	109.22	45.63	136.88
21	37.41	112.23	37.53	112.59	47.04	141.11
22	37.41	112.23	37.53	112.59	47.04	141.11
23	37.41	112.23	37.53	112.59	47.04	141.11
24	37.41	112.23	37.53	112.59	47.04	141.11
25	37.56	112.68	37.68	113.05	47.23	141.68
26	38.31	114.92	38.43	115.30	48.17	144.50
27	39.21	117.62	39.33	118.00	49.30	147.89
28	40.67	122.00	40.80	122.39	51.13	153.39
29	41.86	125.59	42.00	125.99	52.63	157.90
30	42.46	127.38	42.60	127.79	53.39	160.16
31	43.36	130.08	43.50	130.50	54.52	163.55
32	44.26	132.77	44.40	133.20	55.64	166.93
33	44.82	134.45	44.96	134.89	56.35	169.05
34	45.42	136.25	45.56	136.69	57.10	171.31
35	45.72	137.15	45.86	137.59	57.48	172.44
36	46.01	138.04	46.16	138.49	57.86	173.57
37	46.31	138.94	46.46	139.39	58.23	174.70
38	46.61	139.84	46.76	140.29	58.61	175.82
39	47.21	141.64	47.36	142.09	59.36	178.08
40	47.81	143.43	47.96	143.89	60.11	180.34
41	48.71	146.12	48.87	146.60	61.24	183.73
42	49.57	148.70	49.73	149.19	62.32	186.97
43	50.77	152.30	50.93	152.79	63.83	191.49
44	52.26	156.79	52.43	157.30	65.71	197.13
45	54.02	162.06	54.20	162.59	67.92	203.77
46	56.12	168.35	56.30	168.89	70.56	211.67
47	58.47	175.42	58.66	175.98	73.52	220.56
48	61.17	183.50	61.36	184.09	76.91	230.72
49	63.82	191.46	64.03	192.08	80.25	240.74
50	66.82	200.45	67.03	201.09	84.01	252.02
51	69.77	209.31	70.00	209.99	87.72	263.17
52	73.02	219.07	73.26	219.78	91.82	275.45
53	76.32	228.95	76.56	229.69	95.96	287.87
54	79.87	239.61	80.13	240.39	100.42	301.27
55	83.42	250.27	83.70	251.09	104.89	314.68
56	87.28	261.83	87.56	262.68	109.74	329.21
57	91.17	273.51	91.46	274.39	114.63	343.89
58	95.32	285.96	95.63	286.89	119.85	359.55
59	97.38	292.14	97.69	293.08	122.44	367.31
60	101.53	304.59	101.86	305.58	127.66	382.98
61	105.12	315.37	105.46	316.39	132.17	396.52
62	107.48	322.44	107.83	323.48	135.14	405.41
63	110.44	331.31	110.79	332.38	138.85	416.56
64+	112.23	336.69	112.59	337.78	141.11	423.34

**LIFE Group Life Plan \$25,000 Employee & \$10,000 Dependents** Available if electing Health. Paid by Employer

For those electing health, the employer pays for a group life policy.

All Ages 0.00

# Deciphering Payroll Deductions



12/01/2024 to 11/30/2025



## Step 1:

Select the plan you desire and the amounts based on age for each family member.

*For families with more than three children, the new law states that a premium will apply for each child age 20 or younger but only for the first three children. (the fourth child or more are "free" (at least for insurance). But for children over age 20, you must add the premium based on actual age of the (adult) child.*

See example to the right ->

### EXAMPLE: Picking Option 1 on the Payroll Deduction Chart

	Age	Per-Pay-Period Deduction	YOUR FIGURES
Employee	48	\$61.17	\$ _____
Spouse	43	\$152.30	\$ _____
Child 1	8	\$89.81	\$ _____
Child 2	12	\$89.81	\$ _____
Child 3	15	\$89.81	\$ _____
Child 4	17	No Chrg	\$ _____

### (only a premium for more than 3 kids if the child is over 19)

Child 5	21		\$ _____
Child 6	22		\$ _____

**TOTAL** **\$482.89** \$ \_\_\_\_\_

Plus any ancillary benefits if applicable (dental, vision, etc.) \$ \_\_\_\_\_



**Step 2: Congratulate yourself! You are now able to pass the entrance exam to MIT. At least the math portion.**



**Step 3:** Don't forget tax savings. Your payroll deduction will be taken out on a "pre-tax basis" using our cafeteria plan.

This will reduce the amount you owe for Federal, State and Social Security taxes.

Please see example to the right ->

**Fact 1:** Wages Trigger Taxes

**Fact 2:** Payroll deductions for our benefits do not trigger taxes!

### CAFETERIA PLAN TAX SAVINGS EXAMPLE

Amount of Payroll Deductions for Benefits -> **\$482.89**

**Example of Pre-Tax Savings -> \$123.86**  
(7.65% FICA; 15% FIT; 3% SIT) 25.65%

**Approximate Impact on Take Home Pay -> \$359.03**

### CAFETERIA PLAN ILLUSTRATION NOTES:

FICA = Social Security & Medicare payroll taxes  
FIT = Federal Income Tax Withholding  
SIT = State Income Tax Withholding

Your tax bracket may be higher (greater savings) or lower (less savings) than examples shown above.

The illustrations above are intended to show an example of savings in our cafeteria plan and not to provide tax advice. Please see your tax advisor on tax matters.



Save money with our cafeteria plan and avoid a "Tax-Haircut"