

Assurant Benefits Program
2017 Health Plan and Dental Plan Per-pay Period Rates*
Full-time Employees - Non-Tobacco

Coverage Level	EE Only		EE + SP		EE + CH		EE + SP + CH		EE + DP		EE + CP		EE + DP + CP		EE + DP + CH	
Health Plan option	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax
Blue	57.25	0.00	153.18	0.00	137.90	0.00	214.40	0.00	57.25	95.93	57.25	80.65	57.25	157.15	137.90	76.50
Green	29.30	0.00	88.22	0.00	79.31	0.00	123.42	0.00	29.30	58.92	29.30	50.01	29.30	94.11	79.31	44.10
Orange	12.51	0.00	38.36	0.00	35.52	0.00	49.79	0.00	12.51	25.85	12.51	23.02	12.51	37.28	35.52	14.26
Dental Plan	6.00	0.00	11.86	0.00	14.77	0.00	20.98	0.00	6.00	5.86	6.00	8.77	6.00	14.98	14.77	6.21

Assurant Benefits Program
2017 Health Plan and Dental Plan Per-pay Period Rates*
Part-time Employees - Non-Tobacco

Coverage Level	EE Only		EE + SP		EE + CH		EE + SP + CH		EE + DP		EE + CP		EE + DP + CP		EE + DP + CH	
Health Plan option	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax
Blue	115.15	0.00	259.31	0.00	233.40	0.00	363.00	0.00	115.15	144.16	115.15	118.26	115.15	247.85	233.40	129.59
Green	87.31	0.00	196.84	0.00	177.09	0.00	275.51	0.00	87.31	109.52	87.31	89.77	87.31	188.19	177.09	98.42
Orange	43.73	0.00	144.94	0.00	131.19	0.00	199.98	0.00	43.73	101.21	43.73	87.47	43.73	156.25	131.19	68.78
Dental Plan	7.50	0.00	14.82	0.00	18.46	0.00	26.22	0.00	7.50	7.33	7.50	10.97	7.50	18.73	18.46	7.76

EE=Employee SP=Spouse CH=Child DP=Domestic Partner CP=Domestic Partner Child

*Your deductions may differ slightly due to rounding.