

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

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	75.71	0.00	171.64	0.00	156.36	0.00	232.86	0.00	75.71	95.93	75.71	80.65	75.71	157.15	156.36	76.50
Green	47.76	0.00	106.68	0.00	97.77	0.00	141.88	0.00	47.76	58.92	47.76	50.01	47.76	94.11	97.77	44.10
Orange	30.97	0.00	56.82	0.00	53.99	0.00	68.25	0.00	30.97	25.85	30.97	23.02	30.97	37.28	53.99	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 - Tobacco User**

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	133.61	0.00	277.77	0.00	251.87	0.00	381.46	0.00	133.61	144.16	133.61	118.26	133.61	247.85	251.87	129.59
Green	105.78	0.00	215.30	0.00	195.55	0.00	293.97	0.00	105.78	109.52	105.78	89.77	105.78	188.19	195.55	98.42
Orange	62.19	0.00	163.40	0.00	149.65	0.00	218.44	0.00	62.19	101.21	62.19	87.47	62.19	156.25	149.65	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.