

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Monthly Contribution Amount
40	2.87%	18.06	216.77
41	2.95%	18.52	222.18
42	3.02%	18.97	227.60
43	3.09%	19.42	233.02
44	3.16%	19.87	238.44
45	3.23%	20.32	243.86
46	3.30%	20.77	249.28
47	3.38%	21.22	254.70
48	3.45%	21.68	260.12
49	3.52%	22.13	265.54
50	3.59%	22.58	270.96
51	3.66%	23.03	276.38
52	3.74%	23.48	281.80
53	3.81%	23.93	287.21
54	3.88%	24.39	292.63
55	3.95%	24.84	298.05
56	4.02%	25.29	303.47
57	4.09%	25.74	308.89
58	4.17%	26.19	314.31
59	4.24%	26.64	319.73
60	4.31%	27.10	325.15
61	4.38%	27.55	330.57
62	4.45%	28.00	335.99
63	4.53%	28.45	341.41
64	4.60%	28.90	346.82
65	4.67%	29.35	352.24
66	4.74%	29.81	357.66
67	4.81%	30.26	363.08
68	4.89%	30.71	368.50
69	4.96%	31.16	373.92
70	5.03%	31.61	379.34
71	5.10%	32.06	384.76
72	5.17%	32.51	390.18
73	5.24%	32.97	395.60
74	5.32%	33.42	401.02
75	5.39%	33.87	406.44
76	5.46%	34.32	411.85
77	5.53%	34.77	417.27
78	5.60%	35.22	422.69

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
79	5.68%	35.68	428.11
80	5.75%	36.13	433.53
81	5.82%	36.58	438.95
82	5.89%	37.03	444.37
83	5.96%	37.48	449.79
84	6.03%	37.93	455.21
85	6.11%	38.39	460.63
86	6.18%	38.84	466.05
87	6.25%	39.29	471.47
88	6.32%	39.74	476.88
89	6.39%	40.19	482.30
90	6.47%	40.64	487.72
91	6.54%	41.10	493.14
92	6.61%	41.55	498.56
93	6.68%	42.00	503.98
94	6.75%	42.45	509.40
95	6.82%	42.90	514.82
96	6.90%	43.35	520.24
97	6.97%	43.80	525.66
98	7.04%	44.26	531.08
99	7.11%	44.71	536.49
100	7.18%	45.16	541.91
101	7.26%	45.61	547.33
102	7.33%	46.06	552.75
103	7.40%	46.51	558.17
104	7.47%	46.97	563.59
105	7.54%	47.42	569.01
106	7.61%	47.87	574.43
107	7.69%	48.32	579.85
108	7.76%	48.77	585.27
109	7.83%	49.22	590.69
110	7.90%	49.68	596.11
111	7.97%	50.13	601.52
112	8.05%	50.58	606.94
113	8.12%	51.03	612.36
114	8.19%	51.48	617.78
115	8.26%	51.93	623.20
116	8.33%	52.39	628.62
117	8.41%	52.84	634.04

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Monthly Contribution Amount
118	8.48%	53.29	639.46
119	8.55%	53.74	644.88
120	8.62%	54.19	650.30
121	8.69%	54.64	655.72
122	8.76%	55.09	661.13
123	8.84%	55.55	666.55
124	8.91%	56.00	671.97
125	8.98%	56.45	677.39
126	9.05%	56.90	682.81
127	9.12%	57.35	688.23
128	9.20%	57.80	693.65
129	9.27%	58.26	699.07
130	9.34%	58.71	704.49
131	9.41%	59.16	709.91
132	9.48%	59.61	715.33
133	9.55%	60.06	720.75
134	9.63%	60.51	726.16
135	9.70%	60.97	731.58
136	9.77%	61.42	737.00
137	9.84%	61.87	742.42
138	9.91%	62.32	747.84
139	9.99%	62.77	753.26
140	10.06%	63.22	758.68
141	10.13%	63.67	764.10
142	10.20%	64.13	769.52
143	10.27%	64.58	774.94
144	10.34%	65.03	780.36
145	10.42%	65.48	785.78
146	10.49%	65.93	791.19
147	10.56%	66.38	796.61
148	10.63%	66.84	802.03
149	10.70%	67.29	807.45
150	10.78%	67.74	812.87
151	10.85%	68.19	818.29
152	10.92%	68.64	823.71
153	10.99%	69.09	829.13
154	11.06%	69.55	834.55
155	11.14%	70.00	839.97
156	11.21%	70.45	845.39

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Monthly Contribution Amount
157	11.28%	70.90	850.80
158	11.35%	71.35	856.22
159	11.42%	71.80	861.64
160	11.49%	72.26	867.06
161	11.57%	72.71	872.48
162	11.64%	73.16	877.90
163	11.71%	73.61	883.32
164	11.78%	74.06	888.74
165	11.85%	74.51	894.16
166	11.93%	74.96	899.58
167	12.00%	75.42	905.00
168	12.07%	75.87	910.42
169	12.14%	76.32	915.83
170	12.21%	76.77	921.25
171	12.28%	77.22	926.67
172	12.36%	77.67	932.09
173	12.43%	78.13	937.51
174	12.50%	78.58	942.93
175	12.57%	79.03	948.35
176	12.64%	79.48	953.77
177	12.72%	79.93	959.19
178	12.79%	80.38	964.61
179	12.86%	80.84	970.03
180	12.93%	81.29	975.44
181	13.00%	81.74	980.86
182	13.07%	82.19	986.28
183	13.15%	82.64	991.70
184	13.22%	83.09	997.12
185	13.29%	83.55	1,002.54
186	13.36%	84.00	1,007.96
187	13.43%	84.45	1,013.38
188	13.51%	84.90	1,018.80
189	13.58%	85.35	1,024.22
190	13.65%	85.80	1,029.64
191	13.72%	86.25	1,035.06
192	13.79%	86.71	1,040.47
193	13.86%	87.16	1,045.89
194	13.94%	87.61	1,051.31
195	14.01%	88.06	1,056.73

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196	14.08%	88.51	1,062.15
197	14.15%	88.96	1,067.57
198	14.22%	89.42	1,072.99
199	14.30%	89.87	1,078.41
200	14.37%	90.32	1,083.83
201	14.44%	90.77	1,089.25
202	14.51%	91.22	1,094.67
203	14.58%	91.67	1,100.09
204	14.66%	92.13	1,105.50
205	14.73%	92.58	1,110.92
206	14.80%	93.03	1,116.34
207	14.87%	93.48	1,121.76
208	14.94%	93.93	1,127.18
209	15.01%	94.38	1,132.60
210	15.09%	94.83	1,138.02
211	15.16%	95.29	1,143.44
212	15.23%	95.74	1,148.86
213	15.30%	96.19	1,154.28
214	15.37%	96.64	1,159.70
215	15.45%	97.09	1,165.11
216	15.52%	97.54	1,170.53
217	15.59%	98.00	1,175.95
218	15.66%	98.45	1,181.37
219	15.73%	98.90	1,186.79
220	15.80%	99.35	1,192.21
221	15.88%	99.80	1,197.63
222	15.95%	100.25	1,203.05
223	16.02%	100.71	1,208.47
224	16.09%	101.16	1,213.89
225	16.16%	101.61	1,219.31
226	16.24%	102.06	1,224.73
227	16.31%	102.51	1,230.14
228	16.38%	102.96	1,235.56
229	16.45%	103.42	1,240.98
230	16.52%	103.87	1,246.40
231	16.59%	104.32	1,251.82
232	16.67%	104.77	1,257.24
233	16.74%	105.22	1,262.66
234	16.81%	105.67	1,268.08

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Monthly Contribution Amount
235	16.88%	106.12	1,273.50
236	16.95%	106.58	1,278.92
237	17.03%	107.03	1,284.34
238	17.10%	107.48	1,289.75
239	17.17%	107.93	1,295.17
240	17.24%	108.38	1,300.59
241	17.31%	108.83	1,306.01
242	17.39%	109.29	1,311.43
243	17.46%	109.74	1,316.85
244	17.53%	110.19	1,322.27
245	17.60%	110.64	1,327.69
246	17.67%	111.09	1,333.11
247	17.74%	111.54	1,338.53
248	17.82%	112.00	1,343.95
249	17.89%	112.45	1,349.37
250	17.96%	112.90	1,354.78
251	18.03%	113.35	1,360.20
252	18.10%	113.80	1,365.62
253	18.18%	114.25	1,371.04
254	18.25%	114.71	1,376.46
255	18.32%	115.16	1,381.88
256	18.39%	115.61	1,387.30
257	18.46%	116.06	1,392.72
258	18.53%	116.51	1,398.14
259	18.61%	116.96	1,403.56
260	18.68%	117.41	1,408.98
261	18.75%	117.87	1,414.40
262	18.82%	118.32	1,419.81
263	18.89%	118.77	1,425.23
264	18.97%	119.22	1,430.65
265	19.04%	119.67	1,436.07
266	19.11%	120.12	1,441.49
267	19.18%	120.58	1,446.91
268	19.25%	121.03	1,452.33
269	19.32%	121.48	1,457.75
270	19.40%	121.93	1,463.17
271	19.47%	122.38	1,468.59
272	19.54%	122.83	1,474.01
273	19.61%	123.29	1,479.42

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
274	19.68%	123.74	1,484.84
275	19.76%	124.19	1,490.26
276	19.83%	124.64	1,495.68
277	19.90%	125.09	1,501.10
278	19.97%	125.54	1,506.52
279	20.04%	125.99	1,511.94
280	20.11%	126.45	1,517.36
281	20.19%	126.90	1,522.78
282	20.26%	127.35	1,528.20
283	20.33%	127.80	1,533.62
284	20.40%	128.25	1,539.04
285	20.47%	128.70	1,544.45
286	20.55%	129.16	1,549.87
287	20.62%	129.61	1,555.29
288	20.69%	130.06	1,560.71
289	20.76%	130.51	1,566.13
290	20.83%	130.96	1,571.55
291	20.91%	131.41	1,576.97
292	20.98%	131.87	1,582.39
293	21.05%	132.32	1,587.81
294	21.12%	132.77	1,593.23
295	21.19%	133.22	1,598.65
296	21.26%	133.67	1,604.06
297	21.34%	134.12	1,609.48
298	21.41%	134.58	1,614.90
299	21.48%	135.03	1,620.32
300	21.55%	135.48	1,625.74
301	21.62%	135.93	1,631.16
302	21.70%	136.38	1,636.58
303	21.77%	136.83	1,642.00
304	21.84%	137.28	1,647.42
305	21.91%	137.74	1,652.84
306	21.98%	138.19	1,658.26
307	22.05%	138.64	1,663.68
308	22.13%	139.09	1,669.09
309	22.20%	139.54	1,674.51
310	22.27%	139.99	1,679.93
311	22.34%	140.45	1,685.35
312	22.41%	140.90	1,690.77

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
313	22.49%	141.35	1,696.19
314	22.56%	141.80	1,701.61
315	22.63%	142.25	1,707.03
316	22.70%	142.70	1,712.45
317	22.77%	143.16	1,717.87
318	22.84%	143.61	1,723.29
319	22.92%	144.06	1,728.71
320	22.99%	144.51	1,734.12
321	23.06%	144.96	1,739.54
322	23.13%	145.41	1,744.96
323	23.20%	145.87	1,750.38
324	23.28%	146.32	1,755.80
325	23.35%	146.77	1,761.22
326	23.42%	147.22	1,766.64
327	23.49%	147.67	1,772.06
328	23.56%	148.12	1,777.48
329	23.64%	148.57	1,782.90
330	23.71%	149.03	1,788.32
331	23.78%	149.48	1,793.73
332	23.85%	149.93	1,799.15
333	23.92%	150.38	1,804.57
334	23.99%	150.83	1,809.99
335	24.07%	151.28	1,815.41
336	24.14%	151.74	1,820.83
337	24.21%	152.19	1,826.25
338	24.28%	152.64	1,831.67
339	24.35%	153.09	1,837.09
340	24.43%	153.54	1,842.51
341	24.50%	153.99	1,847.93
342	24.57%	154.45	1,853.35
343	24.64%	154.90	1,858.76
344	24.71%	155.35	1,864.18
345	24.78%	155.80	1,869.60
346	24.86%	156.25	1,875.02
347	24.93%	156.70	1,880.44
348	25.00%	157.16	1,885.86
349	25.07%	157.61	1,891.28
350	25.14%	158.06	1,896.70
351	25.22%	158.51	1,902.12

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352	25.29%	158.96	1,907.54
353	25.36%	159.41	1,912.96
354	25.43%	159.86	1,918.37
355	25.50%	160.32	1,923.79
356	25.57%	160.77	1,929.21
357	25.65%	161.22	1,934.63
358	25.72%	161.67	1,940.05
359	25.79%	162.12	1,945.47
360	25.86%	162.57	1,950.89
361	25.93%	163.03	1,956.31
362	26.01%	163.48	1,961.73
363	26.08%	163.93	1,967.15
364	26.15%	164.38	1,972.57
365	26.22%	164.83	1,977.99
366	26.29%	165.28	1,983.40
367	26.36%	165.74	1,988.82
368	26.44%	166.19	1,994.24
369	26.51%	166.64	1,999.66
370	26.58%	167.09	2,005.08
371	26.65%	167.54	2,010.50
372	26.72%	167.99	2,015.92
373	26.80%	168.44	2,021.34
374	26.87%	168.90	2,026.76
375	26.94%	169.35	2,032.18
376	27.01%	169.80	2,037.60
377	27.08%	170.25	2,043.02
378	27.16%	170.70	2,048.43
379	27.23%	171.15	2,053.85
380	27.30%	171.61	2,059.27
381	27.37%	172.06	2,064.69
382	27.44%	172.51	2,070.11
383	27.51%	172.96	2,075.53
384	27.59%	173.41	2,080.95
385	27.66%	173.86	2,086.37
386	27.73%	174.32	2,091.79
387	27.80%	174.77	2,097.21
388	27.87%	175.22	2,102.63
389	27.95%	175.67	2,108.04
390	28.02%	176.12	2,113.46

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Monthly Contribution Amount
391	28.09%	176.57	2,118.88
392	28.16%	177.03	2,124.30
393	28.23%	177.48	2,129.72
394	28.30%	177.93	2,135.14
395	28.38%	178.38	2,140.56
396	28.45%	178.83	2,145.98
397	28.52%	179.28	2,151.40
398	28.59%	179.73	2,156.82
399	28.66%	180.19	2,162.24
400	28.74%	180.64	2,167.66
401	28.81%	181.09	2,173.07
402	28.88%	181.54	2,178.49
403	28.95%	181.99	2,183.91
404	29.02%	182.44	2,189.33
405	29.09%	182.90	2,194.75
406	29.17%	183.35	2,200.17
407	29.24%	183.80	2,205.59
408	29.31%	184.25	2,211.01
409	29.38%	184.70	2,216.43
410	29.45%	185.15	2,221.85
411	29.53%	185.61	2,227.27
412	29.60%	186.06	2,232.68
413	29.67%	186.51	2,238.10
414	29.74%	186.96	2,243.52
415	29.81%	187.41	2,248.94
416	29.89%	187.86	2,254.36
417	29.96%	188.32	2,259.78
418	30.03%	188.77	2,265.20
419	30.10%	189.22	2,270.62
420	30.17%	189.67	2,276.04
421	30.24%	190.12	2,281.46
422	30.32%	190.57	2,286.88
423	30.39%	191.02	2,292.30
424	30.46%	191.48	2,297.71
425	30.53%	191.93	2,303.13
426	30.60%	192.38	2,308.55
427	30.68%	192.83	2,313.97
428	30.75%	193.28	2,319.39
429	30.82%	193.73	2,324.81

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates: ((Eligible Hours Worked Annually / 2088) \* 1.5) \* Full Employer Contribution for Single Coverage

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Monthly Contribution Amount
430	30.89%	194.19	2,330.23
431	30.96%	194.64	2,335.65
432	31.03%	195.09	2,341.07
433	31.11%	195.54	2,346.49
434	31.18%	195.99	2,351.91
435	31.25%	196.44	2,357.33
436	31.32%	196.90	2,362.74
437	31.39%	197.35	2,368.16
438	31.47%	197.80	2,373.58
439	31.54%	198.25	2,379.00
440	31.61%	198.70	2,384.42
441	31.68%	199.15	2,389.84
442	31.75%	199.60	2,395.26
443	31.82%	200.06	2,400.68
444	31.90%	200.51	2,406.10
445	31.97%	200.96	2,411.52
446	32.04%	201.41	2,416.94
447	32.11%	201.86	2,422.35
448	32.18%	202.31	2,427.77
449	32.26%	202.77	2,433.19
450	32.33%	203.22	2,438.61
451	32.40%	203.67	2,444.03
452	32.47%	204.12	2,449.45
453	32.54%	204.57	2,454.87
454	32.61%	205.02	2,460.29
455	32.69%	205.48	2,465.71
456	32.76%	205.93	2,471.13
457	32.83%	206.38	2,476.55
458	32.90%	206.83	2,481.97
459	32.97%	207.28	2,487.38
460	33.05%	207.73	2,492.80
461	33.12%	208.19	2,498.22
462	33.19%	208.64	2,503.64
463	33.26%	209.09	2,509.06
464	33.33%	209.54	2,514.48
465	33.41%	209.99	2,519.90
466	33.48%	210.44	2,525.32
467	33.55%	210.89	2,530.74
468	33.62%	211.35	2,536.16

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
469	33.69%	211.80	2,541.58
470	33.76%	212.25	2,546.99
471	33.84%	212.70	2,552.41
472	33.91%	213.15	2,557.83
473	33.98%	213.60	2,563.25
474	34.05%	214.06	2,568.67
475	34.12%	214.51	2,574.09
476	34.20%	214.96	2,579.51
477	34.27%	215.41	2,584.93
478	34.34%	215.86	2,590.35
479	34.41%	216.31	2,595.77
480	34.48%	216.77	2,601.19
481	34.55%	217.22	2,606.61
482	34.63%	217.67	2,612.02
483	34.70%	218.12	2,617.44
484	34.77%	218.57	2,622.86
485	34.84%	219.02	2,628.28
486	34.91%	219.48	2,633.70
487	34.99%	219.93	2,639.12
488	35.06%	220.38	2,644.54
489	35.13%	220.83	2,649.96
490	35.20%	221.28	2,655.38
491	35.27%	221.73	2,660.80
492	35.34%	222.18	2,666.22
493	35.42%	222.64	2,671.64
494	35.49%	223.09	2,677.05
495	35.56%	223.54	2,682.47
496	35.63%	223.99	2,687.89
497	35.70%	224.44	2,693.31
498	35.78%	224.89	2,698.73
499	35.85%	225.35	2,704.15
500	35.92%	225.80	2,709.57
501	35.99%	226.25	2,714.99
502	36.06%	226.70	2,720.41
503	36.14%	227.15	2,725.83
504	36.21%	227.60	2,731.25
505	36.28%	228.06	2,736.66
506	36.35%	228.51	2,742.08
507	36.42%	228.96	2,747.50

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
508	36.49%	229.41	2,752.92
509	36.57%	229.86	2,758.34
510	36.64%	230.31	2,763.76
511	36.71%	230.76	2,769.18
512	36.78%	231.22	2,774.60
513	36.85%	231.67	2,780.02
514	36.93%	232.12	2,785.44
515	37.00%	232.57	2,790.86
516	37.07%	233.02	2,796.28
517	37.14%	233.47	2,801.69
518	37.21%	233.93	2,807.11
519	37.28%	234.38	2,812.53
520	37.36%	234.83	2,817.95
521	37.43%	235.28	2,823.37
522	37.50%	235.73	2,828.79
523	37.57%	236.18	2,834.21
524	37.64%	236.64	2,839.63
525	37.72%	237.09	2,845.05
526	37.79%	237.54	2,850.47
527	37.86%	237.99	2,855.89
528	37.93%	238.44	2,861.30
529	38.00%	238.89	2,866.72
530	38.07%	239.35	2,872.14
531	38.15%	239.80	2,877.56
532	38.22%	240.25	2,882.98
533	38.29%	240.70	2,888.40
534	38.36%	241.15	2,893.82
535	38.43%	241.60	2,899.24
536	38.51%	242.05	2,904.66
537	38.58%	242.51	2,910.08
538	38.65%	242.96	2,915.50
539	38.72%	243.41	2,920.92
540	38.79%	243.86	2,926.33
541	38.86%	244.31	2,931.75
542	38.94%	244.76	2,937.17
543	39.01%	245.22	2,942.59
544	39.08%	245.67	2,948.01
545	39.15%	246.12	2,953.43
546	39.22%	246.57	2,958.85

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
547	39.30%	247.02	2,964.27
548	39.37%	247.47	2,969.69
549	39.44%	247.93	2,975.11
550	39.51%	248.38	2,980.53
551	39.58%	248.83	2,985.95
552	39.66%	249.28	2,991.36
553	39.73%	249.73	2,996.78
554	39.80%	250.18	3,002.20
555	39.87%	250.64	3,007.62
556	39.94%	251.09	3,013.04
557	40.01%	251.54	3,018.46
558	40.09%	251.99	3,023.88
559	40.16%	252.44	3,029.30
560	40.23%	252.89	3,034.72
561	40.30%	253.34	3,040.14
562	40.37%	253.80	3,045.56
563	40.45%	254.25	3,050.97
564	40.52%	254.70	3,056.39
565	40.59%	255.15	3,061.81
566	40.66%	255.60	3,067.23
567	40.73%	256.05	3,072.65
568	40.80%	256.51	3,078.07
569	40.88%	256.96	3,083.49
570	40.95%	257.41	3,088.91
571	41.02%	257.86	3,094.33
572	41.09%	258.31	3,099.75
573	41.16%	258.76	3,105.17
574	41.24%	259.22	3,110.59
575	41.31%	259.67	3,116.00
576	41.38%	260.12	3,121.42
577	41.45%	260.57	3,126.84
578	41.52%	261.02	3,132.26
579	41.59%	261.47	3,137.68
580	41.67%	261.93	3,143.10
581	41.74%	262.38	3,148.52
582	41.81%	262.83	3,153.94
583	41.88%	263.28	3,159.36
584	41.95%	263.73	3,164.78
585	42.03%	264.18	3,170.20

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
586	42.10%	264.63	3,175.61
587	42.17%	265.09	3,181.03
588	42.24%	265.54	3,186.45
589	42.31%	265.99	3,191.87
590	42.39%	266.44	3,197.29
591	42.46%	266.89	3,202.71
592	42.53%	267.34	3,208.13
593	42.60%	267.80	3,213.55
594	42.67%	268.25	3,218.97
595	42.74%	268.70	3,224.39
596	42.82%	269.15	3,229.81
597	42.89%	269.60	3,235.23
598	42.96%	270.05	3,240.64
599	43.03%	270.51	3,246.06
600	43.10%	270.96	3,251.48
601	43.18%	271.41	3,256.90
602	43.25%	271.86	3,262.32
603	43.32%	272.31	3,267.74
604	43.39%	272.76	3,273.16
605	43.46%	273.21	3,278.58
606	43.53%	273.67	3,284.00
607	43.61%	274.12	3,289.42
608	43.68%	274.57	3,294.84
609	43.75%	275.02	3,300.26
610	43.82%	275.47	3,305.67
611	43.89%	275.92	3,311.09
612	43.97%	276.38	3,316.51
613	44.04%	276.83	3,321.93
614	44.11%	277.28	3,327.35
615	44.18%	277.73	3,332.77
616	44.25%	278.18	3,338.19
617	44.32%	278.63	3,343.61
618	44.40%	279.09	3,349.03
619	44.47%	279.54	3,354.45
620	44.54%	279.99	3,359.87
621	44.61%	280.44	3,365.28
622	44.68%	280.89	3,370.70
623	44.76%	281.34	3,376.12
624	44.83%	281.80	3,381.54

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Monthly Contribution Amount
625	44.90%	282.25	3,386.96
626	44.97%	282.70	3,392.38
627	45.04%	283.15	3,397.80
628	45.11%	283.60	3,403.22
629	45.19%	284.05	3,408.64
630	45.26%	284.50	3,414.06
631	45.33%	284.96	3,419.48
632	45.40%	285.41	3,424.90
633	45.47%	285.86	3,430.31
634	45.55%	286.31	3,435.73
635	45.62%	286.76	3,441.15
636	45.69%	287.21	3,446.57
637	45.76%	287.67	3,451.99
638	45.83%	288.12	3,457.41
639	45.91%	288.57	3,462.83
640	45.98%	289.02	3,468.25
641	46.05%	289.47	3,473.67
642	46.12%	289.92	3,479.09
643	46.19%	290.38	3,484.51
644	46.26%	290.83	3,489.92
645	46.34%	291.28	3,495.34
646	46.41%	291.73	3,500.76
647	46.48%	292.18	3,506.18
648	46.55%	292.63	3,511.60
649	46.62%	293.09	3,517.02
650	46.70%	293.54	3,522.44
651	46.77%	293.99	3,527.86
652	46.84%	294.44	3,533.28
653	46.91%	294.89	3,538.70
654	46.98%	295.34	3,544.12
655	47.05%	295.79	3,549.54
656	47.13%	296.25	3,554.95
657	47.20%	296.70	3,560.37
658	47.27%	297.15	3,565.79
659	47.34%	297.60	3,571.21
660	47.41%	298.05	3,576.63
661	47.49%	298.50	3,582.05
662	47.56%	298.96	3,587.47
663	47.63%	299.41	3,592.89

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
664	47.70%	299.86	3,598.31
665	47.77%	300.31	3,603.73
666	47.84%	300.76	3,609.15
667	47.92%	301.21	3,614.57
668	47.99%	301.67	3,619.98
669	48.06%	302.12	3,625.40
670	48.13%	302.57	3,630.82
671	48.20%	303.02	3,636.24
672	48.28%	303.47	3,641.66
673	48.35%	303.92	3,647.08
674	48.42%	304.37	3,652.50
675	48.49%	304.83	3,657.92
676	48.56%	305.28	3,663.34
677	48.64%	305.73	3,668.76
678	48.71%	306.18	3,674.18
679	48.78%	306.63	3,679.59
680	48.85%	307.08	3,685.01
681	48.92%	307.54	3,690.43
682	48.99%	307.99	3,695.85
683	49.07%	308.44	3,701.27
684	49.14%	308.89	3,706.69
685	49.21%	309.34	3,712.11
686	49.28%	309.79	3,717.53
687	49.35%	310.25	3,722.95
688	49.43%	310.70	3,728.37
689	49.50%	311.15	3,733.79
690	49.57%	311.60	3,739.21
691	49.64%	312.05	3,744.62
692	49.71%	312.50	3,750.04
693	49.78%	312.96	3,755.46
694	49.86%	313.41	3,760.88
695	49.93%	313.86	3,766.30
696	50.00%	314.31	3,771.72
697	50.07%	314.76	3,777.14
698	50.14%	315.21	3,782.56
699	50.22%	315.66	3,787.98
700	50.29%	316.12	3,793.40
701	50.36%	316.57	3,798.82
702	50.43%	317.02	3,804.23

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Monthly Contribution Amount
703	50.50%	317.47	3,809.65
704	50.57%	317.92	3,815.07
705	50.65%	318.37	3,820.49
706	50.72%	318.83	3,825.91
707	50.79%	319.28	3,831.33
708	50.86%	319.73	3,836.75
709	50.93%	320.18	3,842.17
710	51.01%	320.63	3,847.59
711	51.08%	321.08	3,853.01
712	51.15%	321.54	3,858.43
713	51.22%	321.99	3,863.85
714	51.29%	322.44	3,869.26
715	51.36%	322.89	3,874.68
716	51.44%	323.34	3,880.10
717	51.51%	323.79	3,885.52
718	51.58%	324.25	3,890.94
719	51.65%	324.70	3,896.36
720	51.72%	325.15	3,901.78
721	51.80%	325.60	3,907.20
722	51.87%	326.05	3,912.62
723	51.94%	326.50	3,918.04
724	52.01%	326.95	3,923.46
725	52.08%	327.41	3,928.88
726	52.16%	327.86	3,934.29
727	52.23%	328.31	3,939.71
728	52.30%	328.76	3,945.13
729	52.37%	329.21	3,950.55
730	52.44%	329.66	3,955.97
731	52.51%	330.12	3,961.39
732	52.59%	330.57	3,966.81
733	52.66%	331.02	3,972.23
734	52.73%	331.47	3,977.65
735	52.80%	331.92	3,983.07
736	52.87%	332.37	3,988.49
737	52.95%	332.83	3,993.90
738	53.02%	333.28	3,999.32
739	53.09%	333.73	4,004.74
740	53.16%	334.18	4,010.16
741	53.23%	334.63	4,015.58

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Monthly Contribution Amount
742	53.30%	335.08	4,021.00
743	53.38%	335.53	4,026.42
744	53.45%	335.99	4,031.84
745	53.52%	336.44	4,037.26
746	53.59%	336.89	4,042.68
747	53.66%	337.34	4,048.10
748	53.74%	337.79	4,053.52
749	53.81%	338.24	4,058.93
750	53.88%	338.70	4,064.35
751	53.95%	339.15	4,069.77
752	54.02%	339.60	4,075.19
753	54.09%	340.05	4,080.61
754	54.17%	340.50	4,086.03
755	54.24%	340.95	4,091.45
756	54.31%	341.41	4,096.87
757	54.38%	341.86	4,102.29
758	54.45%	342.31	4,107.71
759	54.53%	342.76	4,113.13
760	54.60%	343.21	4,118.54
761	54.67%	343.66	4,123.96
762	54.74%	344.12	4,129.38
763	54.81%	344.57	4,134.80
764	54.89%	345.02	4,140.22
765	54.96%	345.47	4,145.64
766	55.03%	345.92	4,151.06
767	55.10%	346.37	4,156.48
768	55.17%	346.82	4,161.90
769	55.24%	347.28	4,167.32
770	55.32%	347.73	4,172.74
771	55.39%	348.18	4,178.16
772	55.46%	348.63	4,183.57
773	55.53%	349.08	4,188.99
774	55.60%	349.53	4,194.41
775	55.68%	349.99	4,199.83
776	55.75%	350.44	4,205.25
777	55.82%	350.89	4,210.67
778	55.89%	351.34	4,216.09
779	55.96%	351.79	4,221.51
780	56.03%	352.24	4,226.93

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Monthly Contribution Amount
781	56.11%	352.70	4,232.35
782	56.18%	353.15	4,237.77
783	56.25%	353.60	4,243.19
784	56.32%	354.05	4,248.60
785	56.39%	354.50	4,254.02
786	56.47%	354.95	4,259.44
787	56.54%	355.41	4,264.86
788	56.61%	355.86	4,270.28
789	56.68%	356.31	4,275.70
790	56.75%	356.76	4,281.12
791	56.82%	357.21	4,286.54
792	56.90%	357.66	4,291.96
793	56.97%	358.11	4,297.38
794	57.04%	358.57	4,302.80
795	57.11%	359.02	4,308.21
796	57.18%	359.47	4,313.63
797	57.26%	359.92	4,319.05
798	57.33%	360.37	4,324.47
799	57.40%	360.82	4,329.89
800	57.47%	361.28	4,335.31
801	57.54%	361.73	4,340.73
802	57.61%	362.18	4,346.15
803	57.69%	362.63	4,351.57
804	57.76%	363.08	4,356.99
805	57.83%	363.53	4,362.41
806	57.90%	363.99	4,367.83
807	57.97%	364.44	4,373.24
808	58.05%	364.89	4,378.66
809	58.12%	365.34	4,384.08
810	58.19%	365.79	4,389.50
811	58.26%	366.24	4,394.92
812	58.33%	366.70	4,400.34
813	58.41%	367.15	4,405.76
814	58.48%	367.60	4,411.18
815	58.55%	368.05	4,416.60
816	58.62%	368.50	4,422.02
817	58.69%	368.95	4,427.44
818	58.76%	369.40	4,432.85
819	58.84%	369.86	4,438.27

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates: ((Eligible Hours Worked Annually / 2088) \* 1.5) \* Full Employer Contribution for Single Coverage

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Monthly Contribution Amount
820	58.91%	370.31	4,443.69
821	58.98%	370.76	4,449.11
822	59.05%	371.21	4,454.53
823	59.12%	371.66	4,459.95
824	59.20%	372.11	4,465.37
825	59.27%	372.57	4,470.79
826	59.34%	373.02	4,476.21
827	59.41%	373.47	4,481.63
828	59.48%	373.92	4,487.05
829	59.55%	374.37	4,492.47
830	59.63%	374.82	4,497.88
831	59.70%	375.28	4,503.30
832	59.77%	375.73	4,508.72
833	59.84%	376.18	4,514.14
834	59.91%	376.63	4,519.56
835	59.99%	377.08	4,524.98
836	60.06%	377.53	4,530.40
837	60.13%	377.98	4,535.82
838	60.20%	378.44	4,541.24
839	60.27%	378.89	4,546.66
840	60.34%	379.34	4,552.08
841	60.42%	379.79	4,557.50
842	60.49%	380.24	4,562.91
843	60.56%	380.69	4,568.33
844	60.63%	381.15	4,573.75
845	60.70%	381.60	4,579.17
846	60.78%	382.05	4,584.59
847	60.85%	382.50	4,590.01
848	60.92%	382.95	4,595.43
849	60.99%	383.40	4,600.85
850	61.06%	383.86	4,606.27
851	61.14%	384.31	4,611.69
852	61.21%	384.76	4,617.11
853	61.28%	385.21	4,622.52
854	61.35%	385.66	4,627.94
855	61.42%	386.11	4,633.36
856	61.49%	386.57	4,638.78
857	61.57%	387.02	4,644.20
858	61.64%	387.47	4,649.62

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
859	61.71%	387.92	4,655.04
860	61.78%	388.37	4,660.46
861	61.85%	388.82	4,665.88
862	61.93%	389.27	4,671.30
863	62.00%	389.73	4,676.72
864	62.07%	390.18	4,682.14
865	62.14%	390.63	4,687.55
866	62.21%	391.08	4,692.97
867	62.28%	391.53	4,698.39
868	62.36%	391.98	4,703.81
869	62.43%	392.44	4,709.23
870	62.50%	392.89	4,714.65
871	62.57%	393.34	4,720.07
872	62.64%	393.79	4,725.49
873	62.72%	394.24	4,730.91
874	62.79%	394.69	4,736.33
875	62.86%	395.15	4,741.75
876	62.93%	395.60	4,747.16
877	63.00%	396.05	4,752.58
878	63.07%	396.50	4,758.00
879	63.15%	396.95	4,763.42
880	63.22%	397.40	4,768.84
881	63.29%	397.86	4,774.26
882	63.36%	398.31	4,779.68
883	63.43%	398.76	4,785.10
884	63.51%	399.21	4,790.52
885	63.58%	399.66	4,795.94
886	63.65%	400.11	4,801.36
887	63.72%	400.56	4,806.78
888	63.79%	401.02	4,812.19
889	63.86%	401.47	4,817.61
890	63.94%	401.92	4,823.03
891	64.01%	402.37	4,828.45
892	64.08%	402.82	4,833.87
893	64.15%	403.27	4,839.29
894	64.22%	403.73	4,844.71
895	64.30%	404.18	4,850.13
896	64.37%	404.63	4,855.55
897	64.44%	405.08	4,860.97

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
898	64.51%	405.53	4,866.39
899	64.58%	405.98	4,871.81
900	64.66%	406.44	4,877.22
901	64.73%	406.89	4,882.64
902	64.80%	407.34	4,888.06
903	64.87%	407.79	4,893.48
904	64.94%	408.24	4,898.90
905	65.01%	408.69	4,904.32
906	65.09%	409.14	4,909.74
907	65.16%	409.60	4,915.16
908	65.23%	410.05	4,920.58
909	65.30%	410.50	4,926.00
910	65.37%	410.95	4,931.42
911	65.45%	411.40	4,936.83
912	65.52%	411.85	4,942.25
913	65.59%	412.31	4,947.67
914	65.66%	412.76	4,953.09
915	65.73%	413.21	4,958.51
916	65.80%	413.66	4,963.93
917	65.88%	414.11	4,969.35
918	65.95%	414.56	4,974.77
919	66.02%	415.02	4,980.19
920	66.09%	415.47	4,985.61
921	66.16%	415.92	4,991.03
922	66.24%	416.37	4,996.45
923	66.31%	416.82	5,001.86
924	66.38%	417.27	5,007.28
925	66.45%	417.73	5,012.70
926	66.52%	418.18	5,018.12
927	66.59%	418.63	5,023.54
928	66.67%	419.08	5,028.96
929	66.74%	419.53	5,034.38
930	66.81%	419.98	5,039.80
931	66.88%	420.43	5,045.22
932	66.95%	420.89	5,050.64
933	67.03%	421.34	5,056.06
934	67.10%	421.79	5,061.47
935	67.17%	422.24	5,066.89
936	67.24%	422.69	5,072.31

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates: ((Eligible Hours Worked Annually / 2088) \* 1.5) \* Full Employer Contribution for Single Coverage

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
937	67.31%	423.14	5,077.73
938	67.39%	423.60	5,083.15
939	67.46%	424.05	5,088.57
940	67.53%	424.50	5,093.99
941	67.60%	424.95	5,099.41
942	67.67%	425.40	5,104.83
943	67.74%	425.85	5,110.25
944	67.82%	426.31	5,115.67
945	67.89%	426.76	5,121.09
946	67.96%	427.21	5,126.50
947	68.03%	427.66	5,131.92
948	68.10%	428.11	5,137.34
949	68.18%	428.56	5,142.76
950	68.25%	429.02	5,148.18
951	68.32%	429.47	5,153.60
952	68.39%	429.92	5,159.02
953	68.46%	430.37	5,164.44
954	68.53%	430.82	5,169.86
955	68.61%	431.27	5,175.28
956	68.68%	431.72	5,180.70
957	68.75%	432.18	5,186.12
958	68.82%	432.63	5,191.53
959	68.89%	433.08	5,196.95
960	68.97%	433.53	5,202.37
961	69.04%	433.98	5,207.79
962	69.11%	434.43	5,213.21
963	69.18%	434.89	5,218.63
964	69.25%	435.34	5,224.05
965	69.32%	435.79	5,229.47
966	69.40%	436.24	5,234.89
967	69.47%	436.69	5,240.31
968	69.54%	437.14	5,245.73
969	69.61%	437.60	5,251.14
970	69.68%	438.05	5,256.56
971	69.76%	438.50	5,261.98
972	69.83%	438.95	5,267.40
973	69.90%	439.40	5,272.82
974	69.97%	439.85	5,278.24
975	70.04%	440.30	5,283.66

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates:  $((\text{Eligible Hours Worked Annually} / 2088) * 1.5) * \text{Full Employer Contribution for Single Coverage}$

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
976	70.11%	440.76	5,289.08
977	70.19%	441.21	5,294.50
978	70.26%	441.66	5,299.92
979	70.33%	442.11	5,305.34
980	70.40%	442.56	5,310.76
981	70.47%	443.01	5,316.17
982	70.55%	443.47	5,321.59
983	70.62%	443.92	5,327.01
984	70.69%	444.37	5,332.43
985	70.76%	444.82	5,337.85
986	70.83%	445.27	5,343.27
987	70.91%	445.72	5,348.69
988	70.98%	446.18	5,354.11
989	71.05%	446.63	5,359.53
990	71.12%	447.08	5,364.95
991	71.19%	447.53	5,370.37
992	71.26%	447.98	5,375.78
993	71.34%	448.43	5,381.20
994	71.41%	448.89	5,386.62
995	71.48%	449.34	5,392.04
996	71.55%	449.79	5,397.46
997	71.62%	450.24	5,402.88
998	71.70%	450.69	5,408.30
999	71.77%	451.14	5,413.72
1000	71.84%	451.59	5,419.14
1001	71.91%	452.05	5,424.56
1002	71.98%	452.50	5,429.98
1003	72.05%	452.95	5,435.40
1004	72.13%	453.40	5,440.81
1005	72.20%	453.85	5,446.23
1006	72.27%	454.30	5,451.65
1007	72.34%	454.76	5,457.07
1008	72.41%	455.21	5,462.49
1009	72.49%	455.66	5,467.91
1010	72.56%	456.11	5,473.33
1011	72.63%	456.56	5,478.75
1012	72.70%	457.01	5,484.17
1013	72.77%	457.47	5,489.59
1014	72.84%	457.92	5,495.01

## Employer Contribution Schedule for Post-Retirement Option Employees - 2018

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Numbers are based on 2018 health and dental rates for single coverage (\$628.62) and are for use during the 2018 calendar year only.

Formula used to calculate rates: ((Eligible Hours Worked Annually / 2088) \* 1.5) \* Full Employer Contribution for Single Coverage

*Eligible hours include regular hours worked, hours taken as vacation or sick leave, compensatory time taken, and hours on a holiday occurring on a scheduled work day. If an employee works overtime and is eligible for time and one half pay, only the straight time hours are included.*

Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Monthly Contribution Amount
1015	72.92%	458.37	5,500.43
1016	72.99%	458.82	5,505.84
1017	73.06%	459.27	5,511.26
1018	73.13%	459.72	5,516.68
1019	73.20%	460.18	5,522.10
1020	73.28%	460.63	5,527.52
1021	73.35%	461.08	5,532.94
1022	73.42%	461.53	5,538.36
1023	73.49%	461.98	5,543.78
1024	73.56%	462.43	5,549.20
1025	73.64%	462.88	5,554.62
1026	73.71%	463.34	5,560.04
1027	73.78%	463.79	5,565.45
1028	73.85%	464.24	5,570.87
1029	73.92%	464.69	5,576.29
1030	73.99%	465.14	5,581.71
1031	74.07%	465.59	5,587.13
1032	74.14%	466.05	5,592.55
1033	74.21%	466.50	5,597.97
1034	74.28%	466.95	5,603.39
1035	74.35%	467.40	5,608.81
1036	74.43%	467.85	5,614.23
1037	74.50%	468.30	5,619.65
1038	74.57%	468.76	5,625.07
1039	74.64%	469.21	5,630.48
1040	74.71%	469.66	5,635.90
1041	74.78%	470.11	5,641.32
1042	74.86%	470.56	5,646.74
1043	74.93%	471.01	5,652.16
1044	75.00%	471.47	5,657.58