

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
40	2.87%	18.49	221.92
41	2.95%	18.96	227.47
42	3.02%	19.42	233.02
43	3.09%	19.88	238.57
44	3.16%	20.34	244.12
45	3.23%	20.81	249.66
46	3.30%	21.27	255.21
47	3.38%	21.73	260.76
48	3.45%	22.19	266.31
49	3.52%	22.65	271.86
50	3.59%	23.12	277.41
51	3.66%	23.58	282.95
52	3.74%	24.04	288.50
53	3.81%	24.50	294.05
54	3.88%	24.97	299.60
55	3.95%	25.43	305.15
56	4.02%	25.89	310.69
57	4.09%	26.35	316.24
58	4.17%	26.82	321.79
59	4.24%	27.28	327.34
60	4.31%	27.74	332.89
61	4.38%	28.20	338.43
62	4.45%	28.67	343.98
63	4.53%	29.13	349.53
64	4.60%	29.59	355.08
65	4.67%	30.05	360.63
66	4.74%	30.51	366.17
67	4.81%	30.98	371.72
68	4.89%	31.44	377.27
69	4.96%	31.90	382.82
70	5.03%	32.36	388.37
71	5.10%	32.83	393.92
72	5.17%	33.29	399.46
73	5.24%	33.75	405.01
74	5.32%	34.21	410.56
75	5.39%	34.68	416.11
76	5.46%	35.14	421.66
77	5.53%	35.60	427.20
78	5.60%	36.06	432.75
79	5.68%	36.53	438.30
80	5.75%	36.99	443.85

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
81	5.82%	37.45	449.40
82	5.89%	37.91	454.94
83	5.96%	38.37	460.49
84	6.03%	38.84	466.04
85	6.11%	39.30	471.59
86	6.18%	39.76	477.14
87	6.25%	40.22	482.69
88	6.32%	40.69	488.23
89	6.39%	41.15	493.78
90	6.47%	41.61	499.33
91	6.54%	42.07	504.88
92	6.61%	42.54	510.43
93	6.68%	43.00	515.97
94	6.75%	43.46	521.52
95	6.82%	43.92	527.07
96	6.90%	44.38	532.62
97	6.97%	44.85	538.17
98	7.04%	45.31	543.71
99	7.11%	45.77	549.26
100	7.18%	46.23	554.81
101	7.26%	46.70	560.36
102	7.33%	47.16	565.91
103	7.40%	47.62	571.45
104	7.47%	48.08	577.00
105	7.54%	48.55	582.55
106	7.61%	49.01	588.10
107	7.69%	49.47	593.65
108	7.76%	49.93	599.20
109	7.83%	50.40	604.74
110	7.90%	50.86	610.29
111	7.97%	51.32	615.84
112	8.05%	51.78	621.39
113	8.12%	52.24	626.94
114	8.19%	52.71	632.48
115	8.26%	53.17	638.03
116	8.33%	53.63	643.58
117	8.41%	54.09	649.13
118	8.48%	54.56	654.68
119	8.55%	55.02	660.22
120	8.62%	55.48	665.77
121	8.69%	55.94	671.32

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
122	8.76%	56.41	676.87
123	8.84%	56.87	682.42
124	8.91%	57.33	687.96
125	8.98%	57.79	693.51
126	9.05%	58.26	699.06
127	9.12%	58.72	704.61
128	9.20%	59.18	710.16
129	9.27%	59.64	715.71
130	9.34%	60.10	721.25
131	9.41%	60.57	726.80
132	9.48%	61.03	732.35
133	9.55%	61.49	737.90
134	9.63%	61.95	743.45
135	9.70%	62.42	748.99
136	9.77%	62.88	754.54
137	9.84%	63.34	760.09
138	9.91%	63.80	765.64
139	9.99%	64.27	771.19
140	10.06%	64.73	776.73
141	10.13%	65.19	782.28
142	10.20%	65.65	787.83
143	10.27%	66.11	793.38
144	10.34%	66.58	798.93
145	10.42%	67.04	804.48
146	10.49%	67.50	810.02
147	10.56%	67.96	815.57
148	10.63%	68.43	821.12
149	10.70%	68.89	826.67
150	10.78%	69.35	832.22
151	10.85%	69.81	837.76
152	10.92%	70.28	843.31
153	10.99%	70.74	848.86
154	11.06%	71.20	854.41
155	11.14%	71.66	859.96
156	11.21%	72.13	865.50
157	11.28%	72.59	871.05
158	11.35%	73.05	876.60
159	11.42%	73.51	882.15
160	11.49%	73.97	887.70
161	11.57%	74.44	893.24
162	11.64%	74.90	898.79

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
163	11.71%	75.36	904.34
164	11.78%	75.82	909.89
165	11.85%	76.29	915.44
166	11.93%	76.75	920.99
167	12.00%	77.21	926.53
168	12.07%	77.67	932.08
169	12.14%	78.14	937.63
170	12.21%	78.60	943.18
171	12.28%	79.06	948.73
172	12.36%	79.52	954.27
173	12.43%	79.99	959.82
174	12.50%	80.45	965.37
175	12.57%	80.91	970.92
176	12.64%	81.37	976.47
177	12.72%	81.83	982.01
178	12.79%	82.30	987.56
179	12.86%	82.76	993.11
180	12.93%	83.22	998.66
181	13.00%	83.68	1,004.21
182	13.07%	84.15	1,009.75
183	13.15%	84.61	1,015.30
184	13.22%	85.07	1,020.85
185	13.29%	85.53	1,026.40
186	13.36%	86.00	1,031.95
187	13.43%	86.46	1,037.50
188	13.51%	86.92	1,043.04
189	13.58%	87.38	1,048.59
190	13.65%	87.84	1,054.14
191	13.72%	88.31	1,059.69
192	13.79%	88.77	1,065.24
193	13.86%	89.23	1,070.78
194	13.94%	89.69	1,076.33
195	14.01%	90.16	1,081.88
196	14.08%	90.62	1,087.43
197	14.15%	91.08	1,092.98
198	14.22%	91.54	1,098.52
199	14.30%	92.01	1,104.07
200	14.37%	92.47	1,109.62
201	14.44%	92.93	1,115.17
202	14.51%	93.39	1,120.72
203	14.58%	93.86	1,126.27

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
204	14.66%	94.32	1,131.81
205	14.73%	94.78	1,137.36
206	14.80%	95.24	1,142.91
207	14.87%	95.70	1,148.46
208	14.94%	96.17	1,154.01
209	15.01%	96.63	1,159.55
210	15.09%	97.09	1,165.10
211	15.16%	97.55	1,170.65
212	15.23%	98.02	1,176.20
213	15.30%	98.48	1,181.75
214	15.37%	98.94	1,187.29
215	15.45%	99.40	1,192.84
216	15.52%	99.87	1,198.39
217	15.59%	100.33	1,203.94
218	15.66%	100.79	1,209.49
219	15.73%	101.25	1,215.03
220	15.80%	101.72	1,220.58
221	15.88%	102.18	1,226.13
222	15.95%	102.64	1,231.68
223	16.02%	103.10	1,237.23
224	16.09%	103.56	1,242.78
225	16.16%	104.03	1,248.32
226	16.24%	104.49	1,253.87
227	16.31%	104.95	1,259.42
228	16.38%	105.41	1,264.97
229	16.45%	105.88	1,270.52
230	16.52%	106.34	1,276.06
231	16.59%	106.80	1,281.61
232	16.67%	107.26	1,287.16
233	16.74%	107.73	1,292.71
234	16.81%	108.19	1,298.26
235	16.88%	108.65	1,303.80
236	16.95%	109.11	1,309.35
237	17.03%	109.58	1,314.90
238	17.10%	110.04	1,320.45
239	17.17%	110.50	1,326.00
240	17.24%	110.96	1,331.54
241	17.31%	111.42	1,337.09
242	17.39%	111.89	1,342.64
243	17.46%	112.35	1,348.19
244	17.53%	112.81	1,353.74

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
245	17.60%	113.27	1,359.29
246	17.67%	113.74	1,364.83
247	17.74%	114.20	1,370.38
248	17.82%	114.66	1,375.93
249	17.89%	115.12	1,381.48
250	17.96%	115.59	1,387.03
251	18.03%	116.05	1,392.57
252	18.10%	116.51	1,398.12
253	18.18%	116.97	1,403.67
254	18.25%	117.43	1,409.22
255	18.32%	117.90	1,414.77
256	18.39%	118.36	1,420.31
257	18.46%	118.82	1,425.86
258	18.53%	119.28	1,431.41
259	18.61%	119.75	1,436.96
260	18.68%	120.21	1,442.51
261	18.75%	120.67	1,448.06
262	18.82%	121.13	1,453.60
263	18.89%	121.60	1,459.15
264	18.97%	122.06	1,464.70
265	19.04%	122.52	1,470.25
266	19.11%	122.98	1,475.80
267	19.18%	123.45	1,481.34
268	19.25%	123.91	1,486.89
269	19.32%	124.37	1,492.44
270	19.40%	124.83	1,497.99
271	19.47%	125.29	1,503.54
272	19.54%	125.76	1,509.08
273	19.61%	126.22	1,514.63
274	19.68%	126.68	1,520.18
275	19.76%	127.14	1,525.73
276	19.83%	127.61	1,531.28
277	19.90%	128.07	1,536.82
278	19.97%	128.53	1,542.37
279	20.04%	128.99	1,547.92
280	20.11%	129.46	1,553.47
281	20.19%	129.92	1,559.02
282	20.26%	130.38	1,564.57
283	20.33%	130.84	1,570.11
284	20.40%	131.31	1,575.66
285	20.47%	131.77	1,581.21

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
286	20.55%	132.23	1,586.76
287	20.62%	132.69	1,592.31
288	20.69%	133.15	1,597.85
289	20.76%	133.62	1,603.40
290	20.83%	134.08	1,608.95
291	20.91%	134.54	1,614.50
292	20.98%	135.00	1,620.05
293	21.05%	135.47	1,625.59
294	21.12%	135.93	1,631.14
295	21.19%	136.39	1,636.69
296	21.26%	136.85	1,642.24
297	21.34%	137.32	1,647.79
298	21.41%	137.78	1,653.33
299	21.48%	138.24	1,658.88
300	21.55%	138.70	1,664.43
301	21.62%	139.16	1,669.98
302	21.70%	139.63	1,675.53
303	21.77%	140.09	1,681.08
304	21.84%	140.55	1,686.62
305	21.91%	141.01	1,692.17
306	21.98%	141.48	1,697.72
307	22.05%	141.94	1,703.27
308	22.13%	142.40	1,708.82
309	22.20%	142.86	1,714.36
310	22.27%	143.33	1,719.91
311	22.34%	143.79	1,725.46
312	22.41%	144.25	1,731.01
313	22.49%	144.71	1,736.56
314	22.56%	145.18	1,742.10
315	22.63%	145.64	1,747.65
316	22.70%	146.10	1,753.20
317	22.77%	146.56	1,758.75
318	22.84%	147.02	1,764.30
319	22.92%	147.49	1,769.85
320	22.99%	147.95	1,775.39
321	23.06%	148.41	1,780.94
322	23.13%	148.87	1,786.49
323	23.20%	149.34	1,792.04
324	23.28%	149.80	1,797.59
325	23.35%	150.26	1,803.13
326	23.42%	150.72	1,808.68

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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
327	23.49%	151.19	1,814.23
328	23.56%	151.65	1,819.78
329	23.64%	152.11	1,825.33
330	23.71%	152.57	1,830.87
331	23.78%	153.04	1,836.42
332	23.85%	153.50	1,841.97
333	23.92%	153.96	1,847.52
334	23.99%	154.42	1,853.07
335	24.07%	154.88	1,858.61
336	24.14%	155.35	1,864.16
337	24.21%	155.81	1,869.71
338	24.28%	156.27	1,875.26
339	24.35%	156.73	1,880.81
340	24.43%	157.20	1,886.36
341	24.50%	157.66	1,891.90
342	24.57%	158.12	1,897.45
343	24.64%	158.58	1,903.00
344	24.71%	159.05	1,908.55
345	24.78%	159.51	1,914.10
346	24.86%	159.97	1,919.64
347	24.93%	160.43	1,925.19
348	25.00%	160.90	1,930.74
349	25.07%	161.36	1,936.29
350	25.14%	161.82	1,941.84
351	25.22%	162.28	1,947.38
352	25.29%	162.74	1,952.93
353	25.36%	163.21	1,958.48
354	25.43%	163.67	1,964.03
355	25.50%	164.13	1,969.58
356	25.57%	164.59	1,975.12
357	25.65%	165.06	1,980.67
358	25.72%	165.52	1,986.22
359	25.79%	165.98	1,991.77
360	25.86%	166.44	1,997.32
361	25.93%	166.91	2,002.87
362	26.01%	167.37	2,008.41
363	26.08%	167.83	2,013.96
364	26.15%	168.29	2,019.51
365	26.22%	168.75	2,025.06
366	26.29%	169.22	2,030.61
367	26.36%	169.68	2,036.15



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Eligible Hours Worked	% of Full Employer Contribution for Single Coverage	Monthly Contribution Amount	Contribution Amount
368	26.44%	170.14	2,041.70
369	26.51%	170.60	2,047.25
370	26.58%	171.07	2,052.80
371	26.65%	171.53	2,058.35
372	26.72%	171.99	2,063.89
373	26.80%	172.45	2,069.44
374	26.87%	172.92	2,074.99
375	26.94%	173.38	2,080.54
376	27.01%	173.84	2,086.09
377	27.08%	174.30	2,091.64
378	27.16%	174.77	2,097.18
379	27.23%	175.23	2,102.73
380	27.30%	175.69	2,108.28
381	27.37%	176.15	2,113.83
382	27.44%	176.61	2,119.38
383	27.51%	177.08	2,124.92
384	27.59%	177.54	2,130.47
385	27.66%	178.00	2,136.02
386	27.73%	178.46	2,141.57
387	27.80%	178.93	2,147.12
388	27.87%	179.39	2,152.66
389	27.95%	179.85	2,158.21
390	28.02%	180.31	2,163.76
391	28.09%	180.78	2,169.31
392	28.16%	181.24	2,174.86
393	28.23%	181.70	2,180.40
394	28.30%	182.16	2,185.95
395	28.38%	182.63	2,191.50
396	28.45%	183.09	2,197.05
397	28.52%	183.55	2,202.60
398	28.59%	184.01	2,208.15
399	28.66%	184.47	2,213.69
400	28.74%	184.94	2,219.24
401	28.81%	185.40	2,224.79
402	28.88%	185.86	2,230.34
403	28.95%	186.32	2,235.89
404	29.02%	186.79	2,241.43
405	29.09%	187.25	2,246.98
406	29.17%	187.71	2,252.53
407	29.24%	188.17	2,258.08
408	29.31%	188.64	2,263.63

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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
409	29.38%	189.10	2,269.17
410	29.45%	189.56	2,274.72
411	29.53%	190.02	2,280.27
412	29.60%	190.48	2,285.82
413	29.67%	190.95	2,291.37
414	29.74%	191.41	2,296.91
415	29.81%	191.87	2,302.46
416	29.89%	192.33	2,308.01
417	29.96%	192.80	2,313.56
418	30.03%	193.26	2,319.11
419	30.10%	193.72	2,324.66
420	30.17%	194.18	2,330.20
421	30.24%	194.65	2,335.75
422	30.32%	195.11	2,341.30
423	30.39%	195.57	2,346.85
424	30.46%	196.03	2,352.40
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
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

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
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%	212.68	2,552.13
461	33.12%	213.14	2,557.68
462	33.19%	213.60	2,563.22
463	33.26%	214.06	2,568.77
464	33.33%	214.53	2,574.32
465	33.41%	214.99	2,579.87
466	33.48%	215.45	2,585.42
467	33.55%	215.91	2,590.96
468	33.62%	216.38	2,596.51
469	33.69%	216.84	2,602.06
470	33.76%	217.30	2,607.61
471	33.84%	217.76	2,613.16
472	33.91%	218.23	2,618.70
473	33.98%	218.69	2,624.25
474	34.05%	219.15	2,629.80
475	34.12%	219.61	2,635.35
476	34.20%	220.07	2,640.90
477	34.27%	220.54	2,646.45
478	34.34%	221.00	2,651.99
479	34.41%	221.46	2,657.54
480	34.48%	221.92	2,663.09
481	34.55%	222.39	2,668.64
482	34.63%	222.85	2,674.19
483	34.70%	223.31	2,679.73
484	34.77%	223.77	2,685.28
485	34.84%	224.24	2,690.83
486	34.91%	224.70	2,696.38
487	34.99%	225.16	2,701.93
488	35.06%	225.62	2,707.47
489	35.13%	226.09	2,713.02
490	35.20%	226.55	2,718.57

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
491	35.27%	227.01	2,724.12
492	35.34%	227.47	2,729.67
493	35.42%	227.93	2,735.22
494	35.49%	228.40	2,740.76
495	35.56%	228.86	2,746.31
496	35.63%	229.32	2,751.86
497	35.70%	229.78	2,757.41
498	35.78%	230.25	2,762.96
499	35.85%	230.71	2,768.50
500	35.92%	231.17	2,774.05
501	35.99%	231.63	2,779.60
502	36.06%	232.10	2,785.15
503	36.14%	232.56	2,790.70
504	36.21%	233.02	2,796.24
505	36.28%	233.48	2,801.79
506	36.35%	233.95	2,807.34
507	36.42%	234.41	2,812.89
508	36.49%	234.87	2,818.44
509	36.57%	235.33	2,823.98
510	36.64%	235.79	2,829.53
511	36.71%	236.26	2,835.08
512	36.78%	236.72	2,840.63
513	36.85%	237.18	2,846.18
514	36.93%	237.64	2,851.73
515	37.00%	238.11	2,857.27
516	37.07%	238.57	2,862.82
517	37.14%	239.03	2,868.37
518	37.21%	239.49	2,873.92
519	37.28%	239.96	2,879.47
520	37.36%	240.42	2,885.01
521	37.43%	240.88	2,890.56
522	37.50%	241.34	2,896.11
523	37.57%	241.80	2,901.66
524	37.64%	242.27	2,907.21
525	37.72%	242.73	2,912.75
526	37.79%	243.19	2,918.30
527	37.86%	243.65	2,923.85
528	37.93%	244.12	2,929.40
529	38.00%	244.58	2,934.95
530	38.07%	245.04	2,940.49
531	38.15%	245.50	2,946.04

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
532	38.22%	245.97	2,951.59
533	38.29%	246.43	2,957.14
534	38.36%	246.89	2,962.69
535	38.43%	247.35	2,968.24
536	38.51%	247.82	2,973.78
537	38.58%	248.28	2,979.33
538	38.65%	248.74	2,984.88
539	38.72%	249.20	2,990.43
540	38.79%	249.66	2,995.98
541	38.86%	250.13	3,001.52
542	38.94%	250.59	3,007.07
543	39.01%	251.05	3,012.62
544	39.08%	251.51	3,018.17
545	39.15%	251.98	3,023.72
546	39.22%	252.44	3,029.26
547	39.30%	252.90	3,034.81
548	39.37%	253.36	3,040.36
549	39.44%	253.83	3,045.91
550	39.51%	254.29	3,051.46
551	39.58%	254.75	3,057.01
552	39.66%	255.21	3,062.55
553	39.73%	255.68	3,068.10
554	39.80%	256.14	3,073.65
555	39.87%	256.60	3,079.20
556	39.94%	257.06	3,084.75
557	40.01%	257.52	3,090.29
558	40.09%	257.99	3,095.84
559	40.16%	258.45	3,101.39
560	40.23%	258.91	3,106.94
561	40.30%	259.37	3,112.49
562	40.37%	259.84	3,118.03
563	40.45%	260.30	3,123.58
564	40.52%	260.76	3,129.13
565	40.59%	261.22	3,134.68
566	40.66%	261.69	3,140.23
567	40.73%	262.15	3,145.77
568	40.80%	262.61	3,151.32
569	40.88%	263.07	3,156.87
570	40.95%	263.53	3,162.42
571	41.02%	264.00	3,167.97
572	41.09%	264.46	3,173.52

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
573	41.16%	264.92	3,179.06
574	41.24%	265.38	3,184.61
575	41.31%	265.85	3,190.16
576	41.38%	266.31	3,195.71
577	41.45%	266.77	3,201.26
578	41.52%	267.23	3,206.80
579	41.59%	267.70	3,212.35
580	41.67%	268.16	3,217.90
581	41.74%	268.62	3,223.45
582	41.81%	269.08	3,229.00
583	41.88%	269.55	3,234.54
584	41.95%	270.01	3,240.09
585	42.03%	270.47	3,245.64
586	42.10%	270.93	3,251.19
587	42.17%	271.39	3,256.74
588	42.24%	271.86	3,262.28
589	42.31%	272.32	3,267.83
590	42.39%	272.78	3,273.38
591	42.46%	273.24	3,278.93
592	42.53%	273.71	3,284.48
593	42.60%	274.17	3,290.03
594	42.67%	274.63	3,295.57
595	42.74%	275.09	3,301.12
596	42.82%	275.56	3,306.67
597	42.89%	276.02	3,312.22
598	42.96%	276.48	3,317.77
599	43.03%	276.94	3,323.31
600	43.10%	277.41	3,328.86
601	43.18%	277.87	3,334.41
602	43.25%	278.33	3,339.96
603	43.32%	278.79	3,345.51
604	43.39%	279.25	3,351.05
605	43.46%	279.72	3,356.60
606	43.53%	280.18	3,362.15
607	43.61%	280.64	3,367.70
608	43.68%	281.10	3,373.25
609	43.75%	281.57	3,378.80
610	43.82%	282.03	3,384.34
611	43.89%	282.49	3,389.89
612	43.97%	282.95	3,395.44
613	44.04%	283.42	3,400.99

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
614	44.11%	283.88	3,406.54
615	44.18%	284.34	3,412.08
616	44.25%	284.80	3,417.63
617	44.32%	285.26	3,423.18
618	44.40%	285.73	3,428.73
619	44.47%	286.19	3,434.28
620	44.54%	286.65	3,439.82
621	44.61%	287.11	3,445.37
622	44.68%	287.58	3,450.92
623	44.76%	288.04	3,456.47
624	44.83%	288.50	3,462.02
625	44.90%	288.96	3,467.56
626	44.97%	289.43	3,473.11
627	45.04%	289.89	3,478.66
628	45.11%	290.35	3,484.21
629	45.19%	290.81	3,489.76
630	45.26%	291.28	3,495.31
631	45.33%	291.74	3,500.85
632	45.40%	292.20	3,506.40
633	45.47%	292.66	3,511.95
634	45.55%	293.12	3,517.50
635	45.62%	293.59	3,523.05
636	45.69%	294.05	3,528.59
637	45.76%	294.51	3,534.14
638	45.83%	294.97	3,539.69
639	45.91%	295.44	3,545.24
640	45.98%	295.90	3,550.79
641	46.05%	296.36	3,556.33
642	46.12%	296.82	3,561.88
643	46.19%	297.29	3,567.43
644	46.26%	297.75	3,572.98
645	46.34%	298.21	3,578.53
646	46.41%	298.67	3,584.07
647	46.48%	299.14	3,589.62
648	46.55%	299.60	3,595.17
649	46.62%	300.06	3,600.72
650	46.70%	300.52	3,606.27
651	46.77%	300.98	3,611.82
652	46.84%	301.45	3,617.36
653	46.91%	301.91	3,622.91
654	46.98%	302.37	3,628.46

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
655	47.05%	302.83	3,634.01
656	47.13%	303.30	3,639.56
657	47.20%	303.76	3,645.10
658	47.27%	304.22	3,650.65
659	47.34%	304.68	3,656.20
660	47.41%	305.15	3,661.75
661	47.49%	305.61	3,667.30
662	47.56%	306.07	3,672.84
663	47.63%	306.53	3,678.39
664	47.70%	307.00	3,683.94
665	47.77%	307.46	3,689.49
666	47.84%	307.92	3,695.04
667	47.92%	308.38	3,700.59
668	47.99%	308.84	3,706.13
669	48.06%	309.31	3,711.68
670	48.13%	309.77	3,717.23
671	48.20%	310.23	3,722.78
672	48.28%	310.69	3,728.33
673	48.35%	311.16	3,733.87
674	48.42%	311.62	3,739.42
675	48.49%	312.08	3,744.97
676	48.56%	312.54	3,750.52
677	48.64%	313.01	3,756.07
678	48.71%	313.47	3,761.61
679	48.78%	313.93	3,767.16
680	48.85%	314.39	3,772.71
681	48.92%	314.85	3,778.26
682	48.99%	315.32	3,783.81
683	49.07%	315.78	3,789.35
684	49.14%	316.24	3,794.90
685	49.21%	316.70	3,800.45
686	49.28%	317.17	3,806.00
687	49.35%	317.63	3,811.55
688	49.43%	318.09	3,817.10
689	49.50%	318.55	3,822.64
690	49.57%	319.02	3,828.19
691	49.64%	319.48	3,833.74
692	49.71%	319.94	3,839.29
693	49.78%	320.40	3,844.84
694	49.86%	320.87	3,850.38
695	49.93%	321.33	3,855.93



## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
696	50.00%	321.79	3,861.48
697	50.07%	322.25	3,867.03
698	50.14%	322.71	3,872.58
699	50.22%	323.18	3,878.12
700	50.29%	323.64	3,883.67
701	50.36%	324.10	3,889.22
702	50.43%	324.56	3,894.77
703	50.50%	325.03	3,900.32
704	50.57%	325.49	3,905.86
705	50.65%	325.95	3,911.41
706	50.72%	326.41	3,916.96
707	50.79%	326.88	3,922.51
708	50.86%	327.34	3,928.06
709	50.93%	327.80	3,933.61
710	51.01%	328.26	3,939.15
711	51.08%	328.73	3,944.70
712	51.15%	329.19	3,950.25
713	51.22%	329.65	3,955.80
714	51.29%	330.11	3,961.35
715	51.36%	330.57	3,966.89
716	51.44%	331.04	3,972.44
717	51.51%	331.50	3,977.99
718	51.58%	331.96	3,983.54
719	51.65%	332.42	3,989.09
720	51.72%	332.89	3,994.63
721	51.80%	333.35	4,000.18
722	51.87%	333.81	4,005.73
723	51.94%	334.27	4,011.28
724	52.01%	334.74	4,016.83
725	52.08%	335.20	4,022.38
726	52.16%	335.66	4,027.92
727	52.23%	336.12	4,033.47
728	52.30%	336.58	4,039.02
729	52.37%	337.05	4,044.57
730	52.44%	337.51	4,050.12
731	52.51%	337.97	4,055.66
732	52.59%	338.43	4,061.21
733	52.66%	338.90	4,066.76
734	52.73%	339.36	4,072.31
735	52.80%	339.82	4,077.86
736	52.87%	340.28	4,083.40

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
737	52.95%	340.75	4,088.95
738	53.02%	341.21	4,094.50
739	53.09%	341.67	4,100.05
740	53.16%	342.13	4,105.60
741	53.23%	342.60	4,111.14
742	53.30%	343.06	4,116.69
743	53.38%	343.52	4,122.24
744	53.45%	343.98	4,127.79
745	53.52%	344.44	4,133.34
746	53.59%	344.91	4,138.89
747	53.66%	345.37	4,144.43
748	53.74%	345.83	4,149.98
749	53.81%	346.29	4,155.53
750	53.88%	346.76	4,161.08
751	53.95%	347.22	4,166.63
752	54.02%	347.68	4,172.17
753	54.09%	348.14	4,177.72
754	54.17%	348.61	4,183.27
755	54.24%	349.07	4,188.82
756	54.31%	349.53	4,194.37
757	54.38%	349.99	4,199.91
758	54.45%	350.46	4,205.46
759	54.53%	350.92	4,211.01
760	54.60%	351.38	4,216.56
761	54.67%	351.84	4,222.11
762	54.74%	352.30	4,227.65
763	54.81%	352.77	4,233.20
764	54.89%	353.23	4,238.75
765	54.96%	353.69	4,244.30
766	55.03%	354.15	4,249.85
767	55.10%	354.62	4,255.40
768	55.17%	355.08	4,260.94
769	55.24%	355.54	4,266.49
770	55.32%	356.00	4,272.04
771	55.39%	356.47	4,277.59
772	55.46%	356.93	4,283.14
773	55.53%	357.39	4,288.68
774	55.60%	357.85	4,294.23
775	55.68%	358.32	4,299.78
776	55.75%	358.78	4,305.33
777	55.82%	359.24	4,310.88

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
778	55.89%	359.70	4,316.42
779	55.96%	360.16	4,321.97
780	56.03%	360.63	4,327.52
781	56.11%	361.09	4,333.07
782	56.18%	361.55	4,338.62
783	56.25%	362.01	4,344.17
784	56.32%	362.48	4,349.71
785	56.39%	362.94	4,355.26
786	56.47%	363.40	4,360.81
787	56.54%	363.86	4,366.36
788	56.61%	364.33	4,371.91
789	56.68%	364.79	4,377.45
790	56.75%	365.25	4,383.00
791	56.82%	365.71	4,388.55
792	56.90%	366.17	4,394.10
793	56.97%	366.64	4,399.65
794	57.04%	367.10	4,405.19
795	57.11%	367.56	4,410.74
796	57.18%	368.02	4,416.29
797	57.26%	368.49	4,421.84
798	57.33%	368.95	4,427.39
799	57.40%	369.41	4,432.93
800	57.47%	369.87	4,438.48
801	57.54%	370.34	4,444.03
802	57.61%	370.80	4,449.58
803	57.69%	371.26	4,455.13
804	57.76%	371.72	4,460.68
805	57.83%	372.19	4,466.22
806	57.90%	372.65	4,471.77
807	57.97%	373.11	4,477.32
808	58.05%	373.57	4,482.87
809	58.12%	374.03	4,488.42
810	58.19%	374.50	4,493.96
811	58.26%	374.96	4,499.51
812	58.33%	375.42	4,505.06
813	58.41%	375.88	4,510.61
814	58.48%	376.35	4,516.16
815	58.55%	376.81	4,521.70
816	58.62%	377.27	4,527.25
817	58.69%	377.73	4,532.80
818	58.76%	378.20	4,538.35

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
819	58.84%	378.66	4,543.90
820	58.91%	379.12	4,549.44
821	58.98%	379.58	4,554.99
822	59.05%	380.05	4,560.54
823	59.12%	380.51	4,566.09
824	59.20%	380.97	4,571.64
825	59.27%	381.43	4,577.19
826	59.34%	381.89	4,582.73
827	59.41%	382.36	4,588.28
828	59.48%	382.82	4,593.83
829	59.55%	383.28	4,599.38
830	59.63%	383.74	4,604.93
831	59.70%	384.21	4,610.47
832	59.77%	384.67	4,616.02
833	59.84%	385.13	4,621.57
834	59.91%	385.59	4,627.12
835	59.99%	386.06	4,632.67
836	60.06%	386.52	4,638.21
837	60.13%	386.98	4,643.76
838	60.20%	387.44	4,649.31
839	60.27%	387.90	4,654.86
840	60.34%	388.37	4,660.41
841	60.42%	388.83	4,665.96
842	60.49%	389.29	4,671.50
843	60.56%	389.75	4,677.05
844	60.63%	390.22	4,682.60
845	60.70%	390.68	4,688.15
846	60.78%	391.14	4,693.70
847	60.85%	391.60	4,699.24
848	60.92%	392.07	4,704.79
849	60.99%	392.53	4,710.34
850	61.06%	392.99	4,715.89
851	61.14%	393.45	4,721.44
852	61.21%	393.92	4,726.98
853	61.28%	394.38	4,732.53
854	61.35%	394.84	4,738.08
855	61.42%	395.30	4,743.63
856	61.49%	395.76	4,749.18
857	61.57%	396.23	4,754.72
858	61.64%	396.69	4,760.27
859	61.71%	397.15	4,765.82

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
860	61.78%	397.61	4,771.37
861	61.85%	398.08	4,776.92
862	61.93%	398.54	4,782.47
863	62.00%	399.00	4,788.01
864	62.07%	399.46	4,793.56
865	62.14%	399.93	4,799.11
866	62.21%	400.39	4,804.66
867	62.28%	400.85	4,810.21
868	62.36%	401.31	4,815.75
869	62.43%	401.78	4,821.30
870	62.50%	402.24	4,826.85
871	62.57%	402.70	4,832.40
872	62.64%	403.16	4,837.95
873	62.72%	403.62	4,843.49
874	62.79%	404.09	4,849.04
875	62.86%	404.55	4,854.59
876	62.93%	405.01	4,860.14
877	63.00%	405.47	4,865.69
878	63.07%	405.94	4,871.23
879	63.15%	406.40	4,876.78
880	63.22%	406.86	4,882.33
881	63.29%	407.32	4,887.88
882	63.36%	407.79	4,893.43
883	63.43%	408.25	4,898.98
884	63.51%	408.71	4,904.52
885	63.58%	409.17	4,910.07
886	63.65%	409.63	4,915.62
887	63.72%	410.10	4,921.17
888	63.79%	410.56	4,926.72
889	63.86%	411.02	4,932.26
890	63.94%	411.48	4,937.81
891	64.01%	411.95	4,943.36
892	64.08%	412.41	4,948.91
893	64.15%	412.87	4,954.46
894	64.22%	413.33	4,960.00
895	64.30%	413.80	4,965.55
896	64.37%	414.26	4,971.10
897	64.44%	414.72	4,976.65
898	64.51%	415.18	4,982.20
899	64.58%	415.65	4,987.75
900	64.66%	416.11	4,993.29

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
901	64.73%	416.57	4,998.84
902	64.80%	417.03	5,004.39
903	64.87%	417.49	5,009.94
904	64.94%	417.96	5,015.49
905	65.01%	418.42	5,021.03
906	65.09%	418.88	5,026.58
907	65.16%	419.34	5,032.13
908	65.23%	419.81	5,037.68
909	65.30%	420.27	5,043.23
910	65.37%	420.73	5,048.77
911	65.45%	421.19	5,054.32
912	65.52%	421.66	5,059.87
913	65.59%	422.12	5,065.42
914	65.66%	422.58	5,070.97
915	65.73%	423.04	5,076.51
916	65.80%	423.51	5,082.06
917	65.88%	423.97	5,087.61
918	65.95%	424.43	5,093.16
919	66.02%	424.89	5,098.71
920	66.09%	425.35	5,104.26
921	66.16%	425.82	5,109.80
922	66.24%	426.28	5,115.35
923	66.31%	426.74	5,120.90
924	66.38%	427.20	5,126.45
925	66.45%	427.67	5,132.00
926	66.52%	428.13	5,137.54
927	66.59%	428.59	5,143.09
928	66.67%	429.05	5,148.64
929	66.74%	429.52	5,154.19
930	66.81%	429.98	5,159.74
931	66.88%	430.44	5,165.28
932	66.95%	430.90	5,170.83
933	67.03%	431.37	5,176.38
934	67.10%	431.83	5,181.93
935	67.17%	432.29	5,187.48
936	67.24%	432.75	5,193.02
937	67.31%	433.21	5,198.57
938	67.39%	433.68	5,204.12
939	67.46%	434.14	5,209.67
940	67.53%	434.60	5,215.22
941	67.60%	435.06	5,220.77

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
942	67.67%	435.53	5,226.31
943	67.74%	435.99	5,231.86
944	67.82%	436.45	5,237.41
945	67.89%	436.91	5,242.96
946	67.96%	437.38	5,248.51
947	68.03%	437.84	5,254.05
948	68.10%	438.30	5,259.60
949	68.18%	438.76	5,265.15
950	68.25%	439.22	5,270.70
951	68.32%	439.69	5,276.25
952	68.39%	440.15	5,281.79
953	68.46%	440.61	5,287.34
954	68.53%	441.07	5,292.89
955	68.61%	441.54	5,298.44
956	68.68%	442.00	5,303.99
957	68.75%	442.46	5,309.54
958	68.82%	442.92	5,315.08
959	68.89%	443.39	5,320.63
960	68.97%	443.85	5,326.18
961	69.04%	444.31	5,331.73
962	69.11%	444.77	5,337.28
963	69.18%	445.24	5,342.82
964	69.25%	445.70	5,348.37
965	69.32%	446.16	5,353.92
966	69.40%	446.62	5,359.47
967	69.47%	447.08	5,365.02
968	69.54%	447.55	5,370.56
969	69.61%	448.01	5,376.11
970	69.68%	448.47	5,381.66
971	69.76%	448.93	5,387.21
972	69.83%	449.40	5,392.76
973	69.90%	449.86	5,398.30
974	69.97%	450.32	5,403.85
975	70.04%	450.78	5,409.40
976	70.11%	451.25	5,414.95
977	70.19%	451.71	5,420.50
978	70.26%	452.17	5,426.05
979	70.33%	452.63	5,431.59
980	70.40%	453.10	5,437.14
981	70.47%	453.56	5,442.69
982	70.55%	454.02	5,448.24

## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
983	70.62%	454.48	5,453.79
984	70.69%	454.94	5,459.33
985	70.76%	455.41	5,464.88
986	70.83%	455.87	5,470.43
987	70.91%	456.33	5,475.98
988	70.98%	456.79	5,481.53
989	71.05%	457.26	5,487.07
990	71.12%	457.72	5,492.62
991	71.19%	458.18	5,498.17
992	71.26%	458.64	5,503.72
993	71.34%	459.11	5,509.27
994	71.41%	459.57	5,514.81
995	71.48%	460.03	5,520.36
996	71.55%	460.49	5,525.91
997	71.62%	460.95	5,531.46
998	71.70%	461.42	5,537.01
999	71.77%	461.88	5,542.56
1000	71.84%	462.34	5,548.10
1001	71.91%	462.80	5,553.65
1002	71.98%	463.27	5,559.20
1003	72.05%	463.73	5,564.75
1004	72.13%	464.19	5,570.30
1005	72.20%	464.65	5,575.84
1006	72.27%	465.12	5,581.39
1007	72.34%	465.58	5,586.94
1008	72.41%	466.04	5,592.49
1009	72.49%	466.50	5,598.04
1010	72.56%	466.97	5,603.58
1011	72.63%	467.43	5,609.13
1012	72.70%	467.89	5,614.68
1013	72.77%	468.35	5,620.23
1014	72.84%	468.81	5,625.78
1015	72.92%	469.28	5,631.33
1016	72.99%	469.74	5,636.87
1017	73.06%	470.20	5,642.42
1018	73.13%	470.66	5,647.97
1019	73.20%	471.13	5,653.52
1020	73.28%	471.59	5,659.07
1021	73.35%	472.05	5,664.61
1022	73.42%	472.51	5,670.16
1023	73.49%	472.98	5,675.71



## Employer Contribution Schedule for Post-Retirement Option Employees - 2019

Numbers are based on 2019 health and dental rates for single coverage (\$643.58) and are for use during the 2019 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
1024	73.56%	473.44	5,681.26
1025	73.64%	473.90	5,686.81
1026	73.71%	474.36	5,692.35
1027	73.78%	474.83	5,697.90
1028	73.85%	475.29	5,703.45
1029	73.92%	475.75	5,709.00
1030	73.99%	476.21	5,714.55
1031	74.07%	476.67	5,720.09
1032	74.14%	477.14	5,725.64
1033	74.21%	477.60	5,731.19
1034	74.28%	478.06	5,736.74
1035	74.35%	478.52	5,742.29
1036	74.43%	478.99	5,747.84
1037	74.50%	479.45	5,753.38
1038	74.57%	479.91	5,758.93
1039	74.64%	480.37	5,764.48
1040	74.71%	480.84	5,770.03
1041	74.78%	481.30	5,775.58
1042	74.86%	481.76	5,781.12
1043	74.93%	482.22	5,786.67
1044	75.00%	482.69	5,792.22