FT/PT	Rate ID	Plan	Cov Cd	Coverage Descr	Employee Paid Premium	New Employee rate for 6 pay periods	Difference in rate	
FullTime	EMEDFT	EMED	1	EE Only	0.00			
FullTime	EMEDFT	EMED	2	EE+Sp	99.84	116.48	16.64	
FullTime	EMEDFT	EMED	3A	EE+1+Ch	84.89	99.04	14.15	*see example below
FullTime	EMEDFT	EMED	4A	EE+Sp+Ch	188.78	220.24	31.46	
FullTime	EMEDFT	EMEDDP	9	Dom Partner	99.84	116.48	16.64	
PartTime	EMEDPT	EMED	1	EE Only	0.00			
PartTime	EMEDPT	EMED	2	EE+Sp	243.41	283.98	40.57	
PartTime	EMEDPT	EMED	3A	EE+1+Ch	194.73	227.19	32.46	
PartTime	EMEDPT	EMED	4A	EE+Sp+Ch	438.14	511.16	73.02	
PartTime	EMEDPT	EMEDDP	9	Dom Partner	243.14	283.66	40.52	
FT or PT	EDENT	EDENT	1	EE Only	0.00			
FT or PT	EDENT	EDENT	2	EE+Sp	19.27	22.48	3.21	
FT or PT	EDENT	EDENT	3A	EE+1+Ch	26.06	30.40	4.34	
FT or PT	EDENT	EDENT	4A	EE+Sp+Ch	50.88	59.36	8.48	
FT or PT	EDENT	EDENDP	9	Dom Partner	19.27	22.48	3.21	

Edmonds EMEDFT coverage 3A = 84.89/ppd
84.89*26 = 2207/yr

Current:

1	2	3	4	5	6	7	8	9	10
84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89

With no benefit ded in PP 20 and updated rate for remaining ppds.

1	2	3	4	5	6	7	8	9	10
84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89

11	12	13	14	15	16	17	18	19	20	21	22	23
84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89

11	12	13	14	15	16	17	18	19	20	21	22	23
84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89	84.89		99.04	99.04	99.04

Total yearly ded:	2207.14
total deducted as of ppd 19:	1612.91
	594.23
6 ppd deduction:	99.04

24	25	26	total
84.89	84.89	84.89	2207.14

24	25	26	total
99.04	99.04	99.04	2207.15