

GPCH Benefits Plans Plan year: 1/1/19 to 12/31/19

	TOTAL		EMPLOYEE			
	MONTHLY		MONTHLY	Medical (FT)		
PLAN 2017	PREMIUM	COMPANY COST	COST		COBRA	
Medical FT				Per pay check	Employee Only	\$782.34
Employee Only	\$767.00	\$623.00	\$144.00	\$66.46	Employee & Spouse	\$1,841.10
Employee & Spouse	\$1,805.00	\$1,225.00	\$580.00	\$267.69	Employee & Child(ren)	\$1,371.90
Employee & Child(ren)	\$1,345.00	\$913.00	\$432.00	\$199.38	Employee & Family	\$2,191.98
Employee & Family	\$2,149.00	\$1,459.00	\$690.00	\$318.46		
			Ī	Medical (PT)		
Medical PT				Per pay check		
Employee Only	\$767.00	\$520.00	\$247.00	\$114.00		
Employee & Spouse	\$1,805.00	\$622.00	\$1,183.00	\$546.00		
Employee & Child(ren)	\$1,345.00	\$493.00	\$852.00	\$393.23		
Employee & Family	\$2,149.00	\$788.00	\$1,361.00	\$628.15		
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	TOTAL MONTHLY		EMPLOYEE MONTHLY	Per pay check
Dental FT & PT	PREMIUM	COMPANY COST	COST	
Employee Only	\$41.80	\$0.00	\$41.80	\$19.51
Employee & Spouse	\$80.20	\$0.00	\$80.20	\$37.46
Employee & Child(ren)	\$102.88	\$0.00	\$102.88	\$48.04
Employee & Family	\$141.28	\$0.00	\$141.28	\$65.98

	TOTAL		EMPLOYEE	
	MONTHLY		MONTHLY	Per pay check
Vision FT & PT	PREMIUM	COMPANY COST	COST	
Employee Only	\$107.64	\$0.00	\$8.97	\$4.14
Employee & Spouse	\$231.40	\$0.00	\$19.28	\$8.90
Employee & Child(ren)	\$187.72	\$0.00	\$15.64	\$7.22
Employee & Family	\$311.48	\$0.00	\$25.96	\$11.98

Voluntary Disability Benefits

Short Term Disability
Elimination Period:
Injury: Day of Disabling Injury
Sickness: 7 days
STD Benefit
60% of Weekly Earnings
Benefit Maximum \$750 Weekly
Maximum Benefit Period: 13 weeks

STD/LTD

Cost is dependent upon salary/benefit.

Employer Paid Life Insurance and AD&D in the amount of 1 times Annual Salary not to exceed \$250,000

Additional Employee / Dependent Life Insurance and AD&D Available

Contact HR with any questions or concerns.

Website to sign up:

www.upshaw.employeenavigator.com

Register as a new user

Company Identifier: CRITACC-01