



**Schedule 2**  
**HMO and HDHP Member Contribution Rates**  
 Effective 7/1/2019

ANNUAL BASE SALARY	SINGLE	EMPLOYEE & SPOUSE/PARTNER	FAMILY	PARENT/CHILD
	% of Premium	% of Premium	% of Premium	% of Premium
Under \$20,000	4.50%			
\$20,000 - \$24,999	5.50%			
Under \$25,000		3.50%	3.00%	3.50%
\$25,000 - \$29,999	7.50%	4.50%	4.00%	4.50%
\$30,000 - \$34,999	10.00%	6.00%	5.00%	6.00%
\$35,000 - \$39,999	11.00%	7.00%	6.00%	7.00%
\$40,000 - \$44,999	12.00%	8.00%	7.00%	8.00%
\$45,000 - \$49,999	14.00%	10.00%	9.00%	10.00%
\$50,000 - \$54,999	20.00%	15.00%	12.00%	15.00%
\$55,000 - \$59,999	23.00%	17.00%	14.00%	17.00%
\$60,000 - \$64,999	27.00%	21.00%	17.00%	21.00%
\$65,000 - \$69,999	29.00%	23.00%	19.00%	23.00%
\$70,000 - \$74,999	32.00%	26.00%	22.00%	26.00%
\$75,000 - \$79,999	33.00%	27.00%	23.00%	27.00%
\$80,000 - \$84,999	34.00%	28.00%	24.00%	28.00%
\$85,000 - \$89,999	34.00%	30.00%	26.00%	30.00%
\$90,000 - \$94,999	34.00%	30.00%	28.00%	30.00%
\$95,000 - Over	35.00%			
\$95,000 - \$99,999		30.00%	29.00%	30.00%
\$100,000 - Over		35.00%		35.00%
\$100,000 - \$109,999			32.00%	
\$110,000 - Over			35.00%	

**Note:** All percentages are percentage of premium, not salary.