

2019 Baptist Health Medical Residency Program Rates

Health - FocusCare**	Bi-Weekly Premium
Employee: <i>*No cost if you participate in Wellness</i>	\$ - *
Employee + Child (ren):	\$ 109.69
Employee + Spouse:	\$ 147.15
Employee + Family:	\$ 211.77
Health - Health Advantage-Baptist Plan**	Bi-Weekly Premium
Employee:	\$ 92.28
Employee + Child (ren):	\$ 138.05
Employee + Spouse:	\$ 186.75
Employee + Family:	\$ 270.75
Health - HSA Compatible HDHP**	Bi-Weekly Premium
Employee:	\$ 64.54
Employee + Child (ren):	\$ 99.86
Employee + Spouse:	\$ 137.46
Employee + Family:	\$ 202.30
** A \$33.23 Wellness Credit applies to medical for those who participate and meet healthy outcomes	
Delta Dental Plan (Basic)	Bi-Weekly Premium
Employee:	\$ 5.59
Employee + Child (ren):	\$ 14.45
Employee + Spouse:	\$ 11.19
Employee + Family:	\$ 16.63
Delta Dental Plan (Plus)	Bi-Weekly Premium
Employee:	\$ 12.04
Employee + Child (ren):	\$ 31.05
Employee + Spouse:	\$ 24.05
Employee + Family:	\$ 35.75
Vision	Bi-Weekly Premium
Employee:	\$ 4.59
Employee + Child (ren):	\$ 8.11
Employee + Spouse:	\$ 8.28
Employee + Family:	\$ 13.50
Short Term Disability	Bi-Weekly Premium
Employee:	Based on age
Long Term Disability	Bi-Weekly Premium
Employee:	Company Paid
Basic Life/AD&D	Bi-Weekly Premium
Employee:	Company Paid

Supplemental Life/AD&D	Bi-Weekly Premium
1x base salary	Based on age & income
2x base salary	
3x base salary	
Dependent Life	Bi-Weekly Premium
\$6,000	\$ 1.66
\$8,000	\$ 2.22
\$10,000	\$ 2.77
\$12,000	\$ 3.33
Supplemental AD&D	Bi-Weekly Premium
\$250,000 Employee Only	\$ 3.23
\$200,000 Employee Only	\$ 2.58
\$150,000 Employee Only	\$ 1.94
\$100,000 Employee Only	\$ 1.29
\$50,000 Employee Only	\$ 0.65
\$250,000 Employee + Family	\$ 5.54
\$200,000 Employee + Family	\$ 4.43
\$150,000 Employee + Family	\$ 3.32
\$100,000 Employee + Family	\$ 2.22
\$50,000 Employee + Family	\$ 1.11
Accident Insurance	Bi-Weekly Premium
Employee Only	\$ 7.37
Employee + Child (ren):	\$ 13.76
Employee + Spouse:	\$ 11.91
Employee + Family:	\$ 18.31
Legal Shield/ID Shield	Bi-Weekly Premium
Legal Shield Employee Only	\$ 6.90
Legal Shield Employee + Family	\$ 7.36
ID Shield Employee Only	\$ 3.90
ID Shield Employee + Family	\$ 7.36
Legal Shield & ID Shield Employee Only	\$ 10.80
Legal Shield & ID Shield Employee + Family	\$ 13.34
Critical Illness/Cancer	Bi-Weekly Premium
Rates are determined by your age and amount of coverage chosen	
Legal Shield/ID Shield	Bi-Weekly Premium
Rates are determined by your age and amount of coverage chosen	
5 Star Life Insurance to Age 100	Bi-Weekly Premium
Rates are determined by your age and amount of coverage chosen	
MetLife Auto & Home	Bi-Weekly Premium
Rates are determined by amount of coverage chosen	
Nationwide Pet Insurance	Bi-Weekly Premium
Rates are determined by pet and amount of coverage chosen	