

## 2018 BI-WEEKLY PARAMEDIC RATES

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### PERS CHOICE (PARAMEDICS)

|                     | Total Cost<br>(Monthly) | county contribution montly | County Contribution<br>(Section 125 Amount) | Employee Contribution<br>(Co-Pay) |
|---------------------|-------------------------|----------------------------|---|-----------------------------------|
| <i>Northern</i>     |                         |                            |   |                                   |
| Employee Only       | \$813.96                | \$651.17                   | \$325.58                                    | <b>\$81.40</b>                    |
| Employee + One      | \$1,627.92              | \$1,302.34                 | \$651.17                                    | <b>\$162.79</b>                   |
| Employee + Family   | \$2,116.30              | \$1,693.04                 | \$846.52                                    | <b>\$211.63</b>                   |
| <i>Southern</i>     |                         |                            |   |                                   |
| Employee Only       | \$698.96                | \$559.17                   | \$279.58                                    | <b>\$69.90</b>                    |
| Employee + One      | \$1,397.92              | \$1,118.34                 | \$559.17                                    | <b>\$139.79</b>                   |
| Employee + Family   | \$1,817.30              | \$1,453.84                 | \$726.92                                    | <b>\$181.73</b>                   |
| <i>Out of State</i> |                         |                            |   |                                   |
| Employee Only       | \$661.45                | \$529.16                   | \$264.58                                    | <b>\$66.15</b>                    |
| Employee + One      | \$1,322.90              | \$1,058.32                 | \$529.16                                    | <b>\$132.29</b>                   |
| Employee + Family   | \$1,719.77              | \$1,375.82                 | \$687.91                                    | <b>\$171.98</b>                   |

### PERSCare

|                   | Total Cost<br>(Monthly) | county contribution montly | County Contribution<br>(Section 125 Amount) | Employee Contribution<br>(Co-Pay) |
|-------------------|-------------------------|----------------------------|---|-----------------------------------|
| <i>Northern</i>   |                         |                            |   |                                   |
| Employee Only     | \$866.93                | \$651.17                   | \$325.58                                    | <b>\$107.88</b>                   |
| Employee + One    | \$1,733.86              | \$1,302.34                 | \$651.17                                    | <b>\$215.76</b>                   |
| Employee + Family | \$2,254.02              | \$1,693.04                 | \$846.52                                    | <b>\$280.49</b>                   |
| <i>Southern</i>   |                         |                            |   |                                   |
| Employee Only     | \$733.50                | \$559.17                   | \$279.58                                    | <b>\$87.17</b>                    |
| Employee + One    | \$1,467.00              | \$1,118.34                 | \$559.17                                    | <b>\$174.33</b>                   |
| Employee + Family | \$1,907.10              | \$1,453.84                 | \$726.92                                    | <b>\$226.63</b>                   |

*Out of State*

|                   |            |            |          |                 |
|-------------------|------------|------------|----------|-----------------|
| Employee Only     | \$718.98   | \$529.16   | \$264.58 | <b>\$94.91</b>  |
| Employee + One    | \$1,437.96 | \$1,058.32 | \$529.16 | <b>\$189.82</b> |
| Employee + Family | \$1,869.35 | \$1,375.82 | \$687.91 | <b>\$246.77</b> |