

2017 INTERNATIONAL EMPLOYEE RATE SHEET

Monthly employee contribution rates are shown; divide rate by two to obtain biweekly rates.
All rates are shown in U.S. Dollars.

FULL-TIME

MEDICAL PLAN EMPLOYEE CONTRIBUTIONS

Includes Medical, Prescription, and Vision Coverage

Coverage Level	CIGNA	Aetna International 1 (excludes U.S.) Qatar Only	Aetna International 2 (includes U.S.) Qatar Only	UAP Rwanda Only
Employee Only	\$147.38	\$0	\$128.52	\$0
Employee and Child(ren)	\$611.62	\$0	\$361.46	\$0
Employee and Spouse/Partner	\$791.36	\$0	\$504.06	\$0
Family	\$1,221.30	\$0	\$710.90	\$0

PART-TIME

MEDICAL PLAN EMPLOYEE CONTRIBUTIONS

Includes Medical, Prescription, and Vision Coverage

Coverage Level	CIGNA	Aetna International 1 (excludes U.S.) Qatar Only	Aetna International 2 (includes U.S.) Qatar Only	UAP Rwanda Only
Employee Only	\$471.20	\$125.38	\$299.96	\$0
Employee and Child(ren)	\$1,120.76	\$188.06	\$534.28	\$0
Employee and Spouse/Partner	\$1,407.34	\$250.74	\$723.44	\$0
Family	\$2,018.44	\$313.42	\$944.70	\$0

FULL-TIME

DENTAL PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	CIGNA
Employee Only	\$34.36
Family	\$145.14