

MEDICAL COVERAGE

PPO - HDHP w/ HSA	Per Pay Period*	Monthly	Annual
Employee Only	\$7.50	\$15	\$180
Employee + Spouse	\$80	\$160	\$1920
Employee + Child	\$70	\$140	\$1680
Family	\$112.50	\$225	\$2700

PPO	Per Pay Period	Monthly	Annual
Employee Only	\$15	\$30	\$360
Employee + Spouse	\$110	\$220	\$2640
Employee + Child	\$95	\$190	\$2280
Family	\$155	\$310	\$3720

HMO	Per Pay Period	Monthly	Annual
Employee Only	\$0	\$0	\$0
Employee + Spouse	\$30	\$60	\$720
Employee + Child	\$25	\$50	\$600
Family	\$50	\$100	\$1200

DENTAL COVERAGE

Delta Dental	Per Pay Period	Monthly	Annual
Employee Only	\$0	\$0	\$0
Employee + Spouse	\$42.50	\$85	\$1020
Employee + Child	\$36.50	\$73	\$876
Family	\$72.50	\$145	\$1740

VISION COVERAGE

VSP	Per Pay Period	Monthly	Annual
Employee Only	\$0	\$0	\$0
Employee + Spouse	\$6.00	\$12	\$144
Employee + Child	\$6.00	\$12	\$144
Family	\$12.50	\$25	\$300