

BI-WEEKLY RATE SHEET

Medical

Premium Plan

Employee Only	\$103.38
Employee + Spouse	\$373.85
Employee + Child(ren)	\$313.85
Employee + Family	\$509.08

Coinsurance Plan

Employee Only	\$66.00
Employee + Spouse	\$304.62
Employee + Child(ren)	\$253.85
Employee + Family	\$415.38

Saver (HSA) Plan

Employee Only	\$43.38
Employee + Spouse	\$270.00
Employee + Child(ren)	\$219.23
Employee + Family	\$347.54

Dental

Dental Plan

	Core Plan	Premium Plan
Employee Only	\$4.16	\$5.83
Employee + Spouse	\$8.27	\$12.74
Employee + Child(ren)	\$6.49	\$10.26
Employee + Family	\$11.03	\$17.37

Vision

Vision Plan

Employee Only	\$1.80
Employee + Spouse	\$2.61
Employee + Child(ren)	\$2.87
Employee + Family	\$4.69