	Cigna CDHP + HSA	Cigna OAP	Kaiser HMO	Cigna Dental & VSP Vision (bundled)
Employee Only	$45	$125	$85	$10
Employee + Spouse/DP	$385	$485	$435	$30
Employee + Child(ren)	$275	$380	$300	$30
Employee + Family	$435	$565	$485	$50

*Monthly employee contributions will be deducted proportionally from weekly paychecks.