WHAT WILL I PAY?

PLAN CONTRIBUTIONS

PER PAY PERIOD – WEEKLY

Your medical premiums are based on the plan you choose, your coverage level, and whether or not you qualify for the wellness discount.

MEDICAL	$1,500 PPO WELLNESS/NON-WELLNESS	$3,000 HDHP WELLNESS/NON-WELLNESS	$5,000 PPO WELLNESS/NON-WELLNESS
Employee	$56.31 / $66.69	$25.62 / $30.69	$15.00 / $17.54
Employee & Spouse	$123.69 / $147.23	$59.08 / $69.92	$32.08 / $37.85
Employee & Children	$105.23 / $125.08	$51.46 / $61.15	$28.38 / $33.69
Family	$184.62 / $219.46	$88.62 / $105.23	$46.85 / $55.62

DENTAL/VISION	DENTAL CORE PLAN	DENTAL BUY-UP PLAN	VISION
Employee	$2.08	$4.15	$0.81
Employee & Spouse	$4.38	$8.77	$1.62
Employee & Children	$5.31	$10.15	$1.38
Family	$7.38	$14.31	$2.54

VOLUNTARY COVERAGES	HOSPITAL INDEMNITY	ACCIDENT
Employee	$3.17	$2.03
Employee & Spouse	$7.70	$2.88
Employee & Children	$6.32	$4.18
Family	$10.84	$5.03

What's the Wellness Discount?

If you complete a physical exam and submit your Physician Form by October 31, you'll qualify for a discount on your medical premiums in the following plan year. New hires automatically receive the discount for their first calendar year.

Need help calculating your total costs or deciding which plan is right for you? Call a Benefit Counselor at **844-589-6900**.