

Employee Monthly Contributions

Paycheck Deductions

The following chart contain the monthly premiums that will be deducted from your paycheck on a weekly basis.

MEDICAL

COVERAGE LEVEL	\$2,500 PPO	\$5,000 PPO
Employee Only	\$198.89	\$ 141.38
Employee + Family	\$411.02	\$ 263.11

DENTAL

COVERAGE LEVEL	RATE
Employee Only	\$36.36
Employee + Spouse	\$75.02
Employee + Child(ren)	\$83.28
Employee + Family	\$135.44

VISION

COVERAGE LEVEL	RATE
Employee Only	\$5.30
Employee + Spouse	\$10.12
Employee + Child(ren)	\$11.46
Employee + Family	\$15.16

SUPPLEMENTAL LIFE & AD&D

VOLUNTARY LIFE & AD&D EMPLOYEE COVERAGE

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate per \$10,000	\$1.55	\$1.95	\$2.15	\$2.25	\$3.25	\$4.65	\$8.35	\$12.65	\$23.85	\$38.45

VOLUNTARY LIFE & AD&D* SPOUSE COVERAGE

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate per \$5,000	\$0.78	\$0.98	\$1.08	\$1.13	\$1.63	\$2.33	\$4.18	\$6.33	\$11.93	\$19.23

DEPENDENT CHILD LIFE & AD&D

Benefit Amount	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$10,000
Rates	\$0.29	\$0.58	\$0.86	\$1.15	\$1.44	\$2.88

* Spouse's voluntary life & AD&D premiums are based off of employee's age.

ACCIDENT

COVERAGE LEVEL	LOW	BASE	HIGH
Employee Only	\$5.91	\$8.37	\$11.09
Employee + Spouse	\$10.01	\$14.04	\$18.44
Employee + Child(ren)	\$11.58	\$15.81	\$20.49
Employee + Family	\$15.55	\$21.34	\$27.68

CRITICAL ILLNESS

	EMPLOYEE	SPOUSE
AGE	PER \$1,000 OF COVERAGE	PER \$1,000 OF COVERAGE
<25	\$0.410	\$0.410
25-29	\$0.520	\$0.520
30-34	\$0.640	\$0.640
35-39	\$0.750	\$0.750
40-44	\$0.950	\$0.950
45-49	\$1.250	\$1.250
50-54	\$1.640	\$1.640
55-59	\$2.270	\$2.270
60-64	\$3.010	\$3.010
65-69	\$4.150	\$4.150
70+	\$5.380	\$5.380
CHILD(REN)		
Per \$1000 of Coverage	\$0.601	

IDENTITY THEFT ASSISTANCE

ID THEFT	MONTHLY COST
Employee	\$10.95
Family	\$18.95

LEGAL SERVICE PLAN

COVERAGE LEVEL	RATE
Employee + Dependents	\$19.50