What You Pay

Medical	Semi-Monthly	Monthly
Medical PPO 80		
Individual	$108.50	$217.00
Individual + Child	$181.00	$362.00
Individual + Spouse	$298.00	$596.00
Individual + Family	$360.00	$720.00
Medical PPO 70		
Individual	$64.00	$128.00
Individual + Child	$113.00	$226.00
Individual + Spouse	$172.00	$344.00
Individual + Family	$202.50	$405.00
Medical HDHP		
Individual	$42.00	$84.00
Individual + Child	$73.00	$146.00
Individual + Spouse	$113.50	$227.00
Individual + Family	$131.50	$263.00

Voluntary Life	Monthly rates per $1,000
Employee & Spouse	
< 25	$0.05
25-29	$0.05
30-34	$0.05
35-39	$0.07
40-44	$0.10
45-49	$0.15
50-54	$0.23
55-59	$0.37
60-64	$0.50
65-69	$0.85
70-89	$1.96

Dental	Semi-Monthly	Monthly
DHMO		
Individual	$7.67	$15.33
Individual + Child	$15.35	$30.69
Individual + Spouse	$14.58	$29.15
Individual + Family	$21.86	$43.72
PPO		
Individual	$22.92	$45.84
Individual + Child	$53.05	$106.10
Individual + Spouse	$48.83	$97.65
Individual + Family	$87.93	$175.85

Vision	Semi-Monthly	Monthly
Basic Plan		
Individual	$2.16	$4.32
Individual + Child	$4.32	$8.64
Individual + Spouse	$4.10	$8.20
Individual + Family	$6.35	$12.70
Enhanced Plan		
Individual	$4.84	$9.67
Individual + Child	$9.67	$19.34
Individual + Spouse	$9.19	$18.38
Individual + Family	$14.22	$28.43