

Premium Summary Page

MEDICAL				
Tier	Monthly Premium	Employer Contribution	Employee Monthly Rate	Employee Cost Per Pay Check
Employee Only	\$452.24	\$361.79	\$90.45	\$20.87
Employee + Spouse	\$949.70	\$617.31	\$332.40	\$76.71
Employee + Child(ren)	\$814.03	\$529.12	\$284.91	\$65.75
Family	\$1,401.94	\$911.26	\$490.68	\$113.23

DENTAL				
Tier	Monthly Premium	Employer Contribution	Employee Monthly Rate	Employee Cost Per Pay Check
Employee Only	\$31.21	\$19.00	\$13.21	\$3.05
Employee + Spouse	\$71.78	\$21.00	\$50.78	\$11.72
Employee + Child(ren)	\$91.93	\$21.00	\$70.93	\$16.37
Family	\$138.80	\$21.00	\$117.80	\$27.18

VISION				
Tier	Monthly Premium	Employer Contribution	Employee Monthly Rate	Employee Cost Per Pay Check
Employee Only	\$5.83	\$0.00	\$5.83	\$1.35
Employee + Spouse	\$11.65	\$0.00	\$11.65	\$2.69
Employee + Child(ren)	\$12.46	\$0.00	\$12.46	\$2.88
Family	\$19.91	\$0.00	\$19.91	\$4.59

