

Medical, Dental, & Vision Insurance Rates — Bi Weekly Pay Periods (26 pay periods per year)

HMO (BlueAdvantage)

Per Pay Period Contributions:	You Pay
Employee Only	\$63.62
Employee & Spouse	\$152.51
Employee & Child(ren)	\$147.77
Family	\$209.47

PPO (BlueChoice)

Per Pay Period Contributions:	You Pay
Employee Only	\$93.83
Employee & Spouse	\$241.56
Employee & Child(ren)	\$233.22
Family	\$341.68

High-Deductible (HD) PPO

Per Pay Period Contributions:	You Pay
Employee Only	\$103.11
Employee & Spouse	\$254.78
Employee & Child(ren)	\$248.93
Family	\$374.95

Dental Insurance Rates

In-Network & Out-Of-Network

Per Pay Period Contributions:	You Pay
Employee Only	\$1.51
Employee & Spouse	\$3.87
Employee & Child(ren)	\$4.30
Family	\$6.73

Vision Insurance Rates

In-Network & Out-Of-Network

Per Pay Period Contributions:	You Pay
Employee Only	\$1.87
Employee & Spouse	\$3.54
Employee & Child(ren)	\$3.73
Family	\$5.48