Liberty™

# Full-Time

| | | Weekly | Bi-Weekly |
|---|---|---|---|
| **Medical Option 1: PPO** | | | |
| | Single | $40.25 | $80.50 |
| | Emp + Spouse | $82.51 | $165.02 |
| | Emp + Child(ren) | $68.58 | $137.16 |
| | Family | $118.22 | $236.45 |
| **Medical Option 2: High Deductible Plan** | | | |
| | Single | $28.88 | $57.76 |
| | Emp + Spouse | $59.21 | $118.41 |
| | Emp + Child(ren) | $49.21 | $98.42 |
| | Family | $84.83 | $169.67 |
| **Dental** | Single | $3.16 | $6.31 |
| | Emp + Spouse | $6.31 | $12.63 |
| | Emp + Child(ren) | $6.63 | $13.26 |
| | Family | $9.47 | $18.94 |
| **Vision** | Single | $0.47 | $0.94 |
| | Emp + Spouse | $0.83 | $1.66 |
| | Emp + Child(ren) | $0.86 | $1.71 |
| | Family | $1.13 | $2.25 |
| **Accident*** | Single | $3.92 | $7.85 |
| | Emp + Spouse | $6.77 | $13.54 |
| | Emp + Child(ren) | $6.82 | $13.64 |
| | Family | $9.67 | $19.33 |

There will be a $50 per month tobacco surcharge added to the rates above for employees that are tobacco users and elect medical coverage.

*No Cost if Electing Health Option 2
Rates may vary due to rounding. Union rates not illustrated – Please see HR for details.