



Part-Time

Medical Option 1: PPO

	Weekly	Bi-Weekly
Single	\$60.37	\$120.75
Emp + Spouse	\$123.76	\$247.53
Emp + Child(ren)	\$102.87	\$205.74
Family	\$177.33	\$354.67

Medical Option 2: High Deductible Plan

Single	\$43.32	\$86.64
Emp + Spouse	\$88.81	\$177.62
Emp + Child(ren)	\$73.82	\$147.63
Family	\$127.25	\$254.50

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

Dental

Single	\$4.06	\$8.12
Emp + Spouse	\$8.12	\$16.24
Emp + Child(ren)	\$8.52	\$17.05
Family	\$12.18	\$24.35

Vision

Single	\$0.71	\$1.41
Emp + Spouse	\$1.24	\$2.48
Emp + Child(ren)	\$1.28	\$2.57
Family	\$1.69	\$3.35

Accident*

Single	\$3.92	\$7.85
Emp + Spouse	\$6.77	\$13.54
Emp + Child(ren)	\$6.82	\$13.64
Family	\$9.67	\$19.33

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