



# EMPLOYEE CONTRIBUTIONS



## MEDICAL

| Coverage Level    | Core PPO<br>\$1,000 | Buy-Up PPO<br>\$500 | HDHP     | Blue Shield<br>HMO | Kaiser HMO |
|-------------------|---------------------|---------------------|----------|--------------------|------------|
| Employee Only     | \$60.56             | \$96.43             | \$0      | \$0                | \$34.54    |
| Employee & Spouse | \$253.18            | \$307.27            | \$175.11 | \$160.14           | \$190.26   |
| Employee & Child  | \$190.30            | \$241.13            | \$114.51 | \$72.95            | \$135.60   |
| Family            | \$364.72            | \$440.14            | \$267.55 | \$247.34           | \$320.88   |

## DENTAL

| Coverage Level    | Core    | Buy-Up  |
|-------------------|---------|---------|
| Employee Only     | \$6.56  | \$9.43  |
| Employee & Spouse | \$25.18 | \$30.27 |
| Employee & Child  | \$19.30 | \$24.13 |
| Family            | \$36.72 | \$44.14 |

## VISION

| Coverage Level    | Vision  |
|-------------------|---------|
| Employee Only     | \$2.43  |
| Employee & Spouse | \$5.27  |
| Employee & Child  | \$7.13  |
| Family            | \$11.14 |

## ACCIDENT INSURANCE

| Coverage Level    | Low Plan | High Plan |
|-------------------|----------|-----------|
| Employee Only     | \$3.15   | \$5.43    |
| Employee & Spouse | \$5.10   | \$9.27    |
| Employee & Child  | \$6.47   | \$12.13   |
| Family            | \$8.42   | \$15.14   |

## CRITICAL ILLNESS INSURANCE

| Age   | Employee |          | Spouse  |         |
|-------|----------|----------|---------|---------|
|       | \$15K    | \$30K    | \$7.5K  | \$15K   |
| 18-25 | \$3.18   | \$7.27   | \$2.11  | \$3.82  |
| 26-30 | \$4.90   | \$8.52   | \$3.51  | \$7.95  |
| 31-35 | \$5.72   | \$10.14  | \$3.55  | \$5.34  |
| 36-40 | \$7.40   | \$13.50  | \$4.72  | \$7.72  |
| 41-45 | \$8.72   | \$16.72  | \$5.06  | \$8.72  |
| 46-50 | \$10.44  | \$19.72  | \$5.88  | \$10.44 |
| 51-55 | \$15.72  | \$30.72  | \$8.72  | \$15.72 |
| 56-60 | \$15.72  | \$30.72  | \$8.72  | \$15.72 |
| 61-65 | \$31.72  | \$62.72  | \$16.72 | \$31.72 |
| 66+   | \$55.72  | \$109.68 | \$28.40 | \$55.52 |

## HOSPITAL INDEMNITY INSURANCE

| Coverage Level    | Low Plan | High Plan |
|-------------------|----------|-----------|
| Employee Only     | \$6.15   | \$13.43   |
| Employee & Spouse | \$13.10  | \$27.27   |
| Employee & Child  | \$10.47  | \$21.13   |
| Family            | \$17.42  | \$35.14   |