

# EMPLOYEE CONTRIBUTIONS



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## MEDICAL

Coverage Level	Core PPO \$1,000	Buy-Up PPO \$500	HDHP	Blue Shield 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

## CRITICAL ILLNESS INSURANCE

	Employee		Spouse	
Age	\$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

## 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

## 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