

Medical Premiums (Per Pay Period)

	Network P	Network S
HDHP Option 1	Deductible: (\$1,900 EE/\$3,800 EE+1 & FAM) Max Out of Pocket: (\$4,000/\$8,000)	
Employee Only	\$31.25	\$29.37
Employee + One	\$65.62	\$61.68
EE + Family	\$87.49	\$82.24
HDHP Option 2	Deductible: (\$3,300 EE/\$6,600 EE+1 & FAM) Max Out of Pocket: (\$5,000/\$10,000)	
Employee Only	\$26.29	\$24.71
Employee + One	\$55.21	\$51.90
EE + Family	\$73.61	\$69.20
HDHP Option 3	Deductible: (\$5,000 EE/\$10,000 EE+1 & FAM) Max Out of Pocket: (\$6,250/\$12,500)	
Employee Only	\$18.67	N/A
Employee + One	\$39.20	N/A
EE + Family	\$52.26	N/A
PPO Option 4	Deductible: (\$2,500 EE/\$5,000 EE+1 & FAM) Max Out of Pocket: (\$4,000/\$8,000)	
Employee Only	\$33.25	\$31.25
Employee + One	\$69.82	\$65.63
EE + Family	\$93.09	\$87.50

Dental Premiums

(Per Pay Period)

Employee Only	\$1.24
Employee + One	\$2.43
EE + Family	\$4.99

Vision Premiums

(Per Pay Period)

Employee Only	\$0.37
Employee + One	\$0.71
EE + Family	\$1.10

Company Paid Benefits:

- Standard Life Insurance – 1x Salary capped at \$50,000
- HSA Contribution - \$2000 toward Individual, \$4000 toward EE+1 and Family
- Long-Term Disability