

THE MONTHLY COST OF YOUR BENEFITS

PPO3 (\$1,000 Deductible)		
	Employer Cost	Employee Cost
EE	\$891	\$85
EE + Spouse	\$1,944	\$200
EE + Children	\$1,846	\$200
Family	\$2,172	\$268
PPO4 (\$1,500 Deductible)		
	Employer Cost	Employee Cost
EE	\$897	\$0
EE + Spouse	\$1,820	\$150
EE + Children	\$1,732	\$150
Family	\$2,040	\$200

DENTAL		
	Employer Cost	Employee Cost
EE	\$42	\$0
EE + Spouse	\$60	\$25
EE + Children	\$81	\$25
Family	\$104	\$40

VISION		
	Employer Cost	Employee Cost
EE	\$7	\$0
EE + Spouse	\$6	\$7
EE + Children	\$7	\$7
Family	\$9	\$15

