

Effective January 1, 2019												
Contribution based on 24 Pays					Contribution Based on 26 Pays				Contribution based on 18 Pays			
PPO Plan												
	Med	Dental	Vision	Total	Med	Dental	Vision	Total	Med	Dental	Vision	Total
Single	\$55.22	\$1.76	\$0.21	\$57.19	\$50.97	\$1.63	\$0.19	\$52.79	\$73.62	\$2.35	\$0.28	\$76.25
Single +1	\$110.43	\$3.31	\$0.41	\$114.15	\$101.94	\$3.05	\$0.38	\$105.37	\$147.24	\$4.41	\$0.55	\$152.20
Family	\$151.85	\$5.91	\$0.75	\$158.51	\$140.17	\$5.46	\$0.69	\$146.32	\$202.46	\$7.88	\$1.00	\$211.34
PPO Plan 2												
	Med	Dental	Vision	Total	Med	Dental	Vision	Total	Med	Dental	Vision	Total
Single	\$48.59	\$1.76	\$0.21	\$50.56	\$44.85	\$1.63	\$0.19	\$46.67	\$64.79	\$2.35	\$0.28	\$67.42
Single +1	\$97.18	\$3.31	\$0.41	\$100.90	\$89.71	\$3.05	\$0.38	\$93.14	\$129.58	\$4.41	\$0.55	\$134.54
Family	\$133.63	\$5.91	\$0.75	\$140.29	\$123.35	\$5.46	\$0.69	\$129.50	\$178.17	\$7.88	\$1.00	\$187.05
HDHP												
	Med	Dental	Vision	Total	Med	Dental	Vision	Total	Med	Dental	Vision	Total
Single	\$41.41	\$1.76	\$0.21	\$43.38	\$38.23	\$1.63	\$0.19	\$40.05	\$55.22	\$2.35	\$0.28	\$57.85
Family	\$113.89	\$5.91	\$0.75	\$120.55	\$105.12	\$5.46	\$0.69	\$111.27	\$151.85	\$7.88	\$1.00	\$160.73

Flexible Spending Account

	\$2.77				\$2.56					\$3.70		
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