

## Medical/RX

Core Plan - PPO \$1500				
	Tobacco-Free & Wellness Participant	Tobacco-Free (No Wellness)	Tobacco User & Wellness Participant	Tobacco User (No Wellness)
Single	\$35.50	\$49.75	\$57.25	\$71.00
Family	\$100.00	\$130.00	\$145.00	\$170.00

Max Coverage Plan - PPO \$500				
	Tobacco-Free & Wellness Participant	Tobacco-Free (No Wellness)	Tobacco User & Wellness Participant	Tobacco User (No Wellness)
Single	\$68.25	\$82.50	\$90.00	\$103.75
Family	\$165.00	\$195.00	\$210.00	\$235.00

No Contribution HSA Plan - \$5000				
	Tobacco-Free & Wellness Participant	Tobacco-Free (No Wellness)	Tobacco User & Wellness Participant	Tobacco User (No Wellness)
Single	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00	\$0.00

Low Contribution HSA Plan - \$2000				
	Tobacco-Free & Wellness Participant	Tobacco-Free (No Wellness)	Tobacco User & Wellness Participant	Tobacco User (No Wellness)
Single	\$38.50	\$52.75	\$60.25	\$74.00
Family	\$95.00	\$125.00	\$140.00	\$165.00

## Dental

Voluntary Dental – Basic Option	
Single	\$11.88
+ Spouse	\$23.11
+ Child(ren)	\$24.21
Family	\$36.01

Voluntary Dental – Enhanced Option	
Single	\$17.63
+ Spouse	\$32.90
+ Child(ren)	\$38.35
Family	\$53.47

## Vision

Voluntary Vision	
Single	\$2.29
+ Spouse	\$4.35
+ Child(ren)	\$5.10
Family	\$7.17