

# Employee Contributions

If you elect coverage, your premiums will be conveniently deducted from your paycheck monthly. Please contact Human Resources regarding any questions or concerns.

PPO Medical Coverage	Under \$50,750	\$50,750-\$86,275	Over \$86,275
Employee Only	\$206	\$228	\$244
Employee + Child(ren)	\$340	\$407	\$421
Employee + Spouse	\$396	\$436	\$470
Family	\$594	\$645	\$684

HDHP Medical Coverage	Under \$50,750	\$50,750-\$86,275	Over \$86,275
Employee Only	\$141	\$156	\$164
Employee + Child(ren)	\$233	\$268	\$276
Employee + Spouse	\$259	\$289	\$310
Family	\$396	\$431	\$458

Dental/Vision Coverage	
Employee Only	\$14
Employee + Child(ren)	\$18
Employee + Spouse	\$22
Family	\$33

Basic Life/AD&D Long-Term Disability	100% Employer-paid
Voluntary Life/AD&D	To view your personalized rates, please see HR.