

2017 Bi-Weekly*, Pre-Tax Premium Rates

Traditional Medical Plan:

Coverage:	Employee Premium w/ Health Screening:	Employee Premium w/o Health Screening:
Single	\$54.92	\$67.42
Employee + spouse	\$188.10	\$200.60
Employee + child(ren)	\$172.09	\$184.59
Family	\$250.27	\$262.77

High Deductible Medical Plan:

Coverage:	Employee Premium w/ Health Screening:	Employee Premium w/o Health Screening:
Single	\$25.89	\$38.39
Employee + spouse	\$130.05	\$142.55
Employee + child(ren)	\$119.85	\$132.35
Family	\$163.20	\$175.70

Dental Plan:

Coverage:	Employee Bi-Weekly Premium:
Single	\$19.63
Employee + One	\$39.28
Family	\$71.17

Vision Plan:

Coverage:	Employee Premium (2016):
Single	\$3.68
Employee + spouse	\$7.37
Employee + child(ren)	\$6.96
Family	\$9.51

**There are 24 bi-weekly payroll deductions per year*