



Copay Health Plan

Copay Plan	Annual Premium	Paid by Employer	Paid by Employee	12 Month Deduction	9 Month Deduction
Employee Only	\$8,640	\$8,640	\$0	\$0	\$0
Employee + Spouse	\$17,280	\$8,640	\$8,640	\$720	\$960
Employee + Child(ren)	\$13,380	\$8,640	\$4,740	\$395	\$527
Family	\$22,020	\$8,640	\$13,380	\$1,115	\$1,487

High Deductible Health Plan

High Deductible Plan	Annual Premium	Paid by Employer	Paid by Employee	12 Month Deduction	9 Month Deduction
Employee Only	\$8,640	\$8,640	\$0	\$0	\$0
Employee + Spouse	\$17,280	\$8,640	\$8,640	\$720	\$960
Employee + Child(ren)	\$13,380	\$8,640	\$4,740	\$395	\$527
Family	\$22,020	\$8,640	\$13,380	\$1,115	\$1,487

Delta Dental PPO Plan

Dental	Annual Premium	Paid by Employer	Paid by Employee	12 Month Deduction	9 Month Deduction
Employee Only	\$376.80	\$0	\$376.80	\$31.40	\$41.87
Employee + Spouse	\$714.36	\$0	\$714.36	\$59.53	\$79.37
Employee + Child(ren)	\$740.04	\$0	\$740.04	\$61.67	\$82.23
Family	\$1,215.24	\$0	\$1,215.24	\$101.27	\$135.03

EyeMed Vision Plan

Vision	Annual Premium	Paid by Employer	Paid by Employee	12 Month Deduction	9 Month Deduction
Employee Only	\$88.08	\$0	\$88.08	\$7.34	\$9.79
Employee + Spouse	\$167.40	\$0	\$167.40	\$13.95	\$18.60
Employee + Child(ren)	\$176.28	\$0	\$176.28	\$14.69	\$19.59
Family	\$259.08	\$0	\$259.08	\$21.59	\$28.79

Pet Partners Pet Insurance Plans

Accident Only	Monthly	Accident & Illness	Monthly
per covered pet	\$10.48	per covered pet	
		Dog, age 0-10 (adult weight in pounds: 0-90+)	\$47.85
		Cat, age 0-10	\$24.30