PPO	Total mo	EE per mo	ER per mo	EE per mo Spousal Surcharge	ER per mo Spousal Surcharge	EE per check(Hrly-48)	Hrly EE per check(48) Spousal Surcharge	EE per check(Sal-24)	Sal EE per check(24) Spousal Surcharge
Employee Only	$751.61	$284.39	$467.22	n/a	n/a	$71.10	n/a	$142.20	n/a
Emp + Spouse	$1,527.78	$851.66	$676.12	$951.66	$576.12	$212.92	$237.92	$425.83	$475.83
Emp + Child	$1,412.98	$738.78	$674.20	n/a	n/a	$184.70	n/a	$369.39	n/a
Family	$2,283.94	$1,594.86	$689.08	$1,694.86	$589.08	$398.72	$423.72	$797.43	$847.43
PPO New									
Employee Only	$726.86	$275.07	$451.79	n/a	n/a	$68.77	n/a	$137.54	n/a
Emp + Spouse	$1,477.08	$823.74	$653.34	$923.74	$553.34	$205.94	$230.94	$411.87	$461.87
Emp + Child	$1,366.12	$714.56	$651.56	n/a	n/a	$178.64	n/a	$357.28	n/a
Family	$2,207.97	$1,542.57	$665.40	$1,642.57	$565.40	$385.64	$410.64	$771.29	$821.28
HDHP									
Employee Only	$637.64	$149.96	$487.68	n/a	n/a	$37.49	n/a	$74.98	n/a
Emp + Spouse	$1,294.35	$634.68	$659.67	$734.68	$559.67	$158.67	$183.67	$317.34	$367.34
Emp + Child	$1,197.22	$537.79	$659.43	n/a	n/a	$134.45	n/a	$268.89	n/a
Family	$1,934.15	$1,285.27	$648.88	$1,385.27	$548.88	$321.32	$346.32	$642.64	$692.64

Legend

EE = Employee ER = Employer *tobacco rates are in red, non-tobacco in black **Non-tobacco Rates**

*on Empl + Child = Can have unlimited # of children, doesn't change cost or make move to family plan

Notates spousal surchage of a $100 a month. EE takes on, less for ER contribution. (only charged if have access to other coverage)

PPO	Total mo	EE per mo	ER per mo	EE per mo Spousal Surcharge	ER per mo Spousal Surcharge	EE per check(Hrly-48)	Hrly EE per check(48) Spousal Surcharge	EE per check(Sal-24)	Sal EE per check(24) Spousal Surcharge
Employee Only	$751.61	$404.39	$347.22	n/a	n/a	$101.10	n/a	$202.20	n/a
Emp + Spouse	$1,527.78	$1,006.66	$521.12	$1,106.66	$421.12	$251.66	$276.66	$503.33	$553.33
Emp + Child	$1,412.98	$893.78	$519.20	n/a	n/a	$223.45	n/a	$446.89	n/a
Family	$2,283.94	$1,749.86	$534.08	$1,849.86	$434.08	$437.46	$462.46	$874.93	$924.93
PPO New									
Employee Only	$726.86	$395.07	$331.79	n/a	n/a	$98.77	n/a	$197.53	n/a
Emp + Spouse	$1,477.08	$978.74	$498.34	$1,078.74	$398.34	$244.68	$269.68	$489.37	$539.37
Emp + Child	$1,366.12	$869.56	$496.56	n/a	n/a	$217.39	n/a	$434.78	n/a
Family	$2,207.97	$1,697.57	$510.40	$1,797.57	$410.40	$424.39	$449.39	$848.78	$898.78
HDHP									
Employee Only	$637.64	$214.96	$422.68	n/a	n/a	$53.74	n/a	$107.48	n/a
Emp + Spouse	$1,294.35	$789.68	$504.67	$889.68	$404.67	$197.42	$222.42	$394.84	$444.84
Emp + Child	$1,197.22	$692.79	$504.43	n/a	n/a	$173.20	n/a	$346.39	n/a
Family	$1,934.15	$1,440.27	$493.88	$1,540.27	$393.88	$360.07	$385.07	$720.14	$770.14

Legend

EE = Employee **Tobacco Rates**

*on Empl + Child = Can have unlimited # of children, doesn't change cost or make move to family plan

Notates spousal surchage of a $100 a month. EE takes on, less for ER contribution. (only charged if have access to other coverage)