

2018-19 Health & Dental Premiums

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|---|-------------------------|----------------|-------------------------|---------------|--------------|
| | Health Insurance | | Dental Insurance | | |
| | Employee Paid | Employer Paid | Employee Paid | Employer Paid | Employer HSA |
| | Anthem Premium | Anthem Premium | Delta Dental | Delta Dental | Contribution |
| <u>Choice PPO</u> | | | | | |
| EE Only | \$105 | \$696 | \$6 | \$22 | |
| EE + child(ren) | \$340 | \$1,228 | \$10 | \$42 | |
| EE + spouse | \$345 | \$1,269 | \$9 | \$37 | |
| Family | \$556 | \$1,693 | \$17 | \$67 | |
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| <u>HSA</u> | | | | | |
| EE Only | \$26 | \$557 | \$6 | \$22 | \$1,260 |
| EE + child(ren) | \$190 | \$946 | \$10 | \$42 | \$2,508 |
| EE + spouse | \$193 | \$978 | \$9 | \$37 | \$2,508 |
| Family | \$328 | \$1,304 | \$17 | \$67 | \$2,508 |
| | | | | | |
| <i>VISION BENEFITS</i> | | | | | |
| | Standard | Enhanced | | | |
| EE Only | \$ 5.59 | \$ 7.18 | | | |
| EE + child(ren) | \$ 10.64 | \$ 13.85 | | | |
| EE + spouse | \$ 11.19 | \$ 14.51 | | | |
| Family | \$ 17.05 | \$ 22.35 | | | |