

## Bi-weekly Benefits Premium Rates: Medical

Preferred Provider (PPO)*			
Full-Time	Employee Contribution	Employer Contribution	Total Premium
Employee	\$53.84	\$347.67	\$401.51
Employee +1	\$167.51	\$607.41	\$774.92
Family	\$218.65	\$801.21	\$1,019.86

High Deductible Health Plan (HDHP)*			
Full-Time	Employee Contribution	Employer Contribution	Total Premium
Employee	\$11.83	\$347.67	\$359.50
Employee +1	\$86.45	\$607.41	\$693.86
Family	\$111.96	\$801.21	\$913.17

Preferred Provider (PPO)*			
Part-Time	Employee Contribution	Employer Contribution	Total Premium
Employee	\$165.56	\$235.95	\$401.51
Employee +1	\$368.13	\$406.79	\$774.92
Family	\$490.01	\$529.85	\$1,019.86

High Deductible Health Plan (HDHP)*			
Part-Time	Employee Contribution	Employer Contribution	Total Premium
Employee	\$123.55	\$235.95	\$359.50
Employee +1	\$287.07	\$406.79	\$693.86
Family	\$383.32	\$529.85	\$913.17

*\*All premiums are before potential discount(s) and additional charges as outlined in this guide. All rates shown are bi-weekly.*