

## Active Employee Premiums Effective 01/01/2018

HEALTH PLAN PREMIUMS	HSA Qualified Plan				High Deductible Wellness				Low Deductible PPO			
(Medical +	Biweekly		Monthly		Biweekly		Monthly		Biweekly		Monthly	
Prescription)	10 month	12 month	10 month	12 month	10 month	12 month	10 month	12 month	10 month	12 month	10 month	12 month
TF = Tobacco Free	(18 pays)	(26 pays)			(18 pays)	(26 pays)			(18 pays)	(26 pays)		
Single TF Discount	\$40.36	\$27.94	\$72.65	\$60.54	\$70.65	\$48.91	\$127.18	\$105.98	\$188.79	\$130.70	\$339.82	\$283.18
Single Full Rate	\$90.36	\$62.56	\$162.65	\$135.54	\$120.65	\$83.53	\$217.18	\$180.98	\$238.79	\$165.31	\$429.82	\$358.18
EE+CH TF Discount	\$76.69	\$53.09	\$138.04	\$115.03	\$134.27	\$92.95	\$241.68	\$201.40	\$358.65	\$248.29	\$645.56	\$537.97
EE+CH Full Rate	\$126.69	\$87.71	\$228.04	\$190.03	\$184.27	\$127.57	\$331.68	\$276.40	\$408.65	\$282.91	\$735.56	\$612.97
Family TF Discount	\$104.78	\$72.54	\$188.60	\$157.17	\$183.43	\$126.99	\$330.18	\$275.15	\$490.08	\$339.29	\$882.14	\$735.12
Family Full Rate	\$154.78	\$107.16	\$278.60	\$232.17	\$233.43	\$161.61	\$420.18	\$350.15	\$540.08	\$373.90	\$972.14	\$810.12

	Biwe	eekly	Monthly			
DENTAL PLAN PREMIUMS	10 month (18 pays)	12 month (26 pays)	10 month	12 month		
Single	\$7.51	\$5.20	\$13.51	\$11.26		
EE+CH	\$14.24	\$9.86	\$25.63	\$21.36		
Family	\$19.44	\$13.46	\$34.99	\$29.16		