

# Cost of Benefits

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes if elected. The amount will depend upon the plan you select and if you choose to cover eligible family members. \*The Annual Salary considered will be the current salary at the time of enrollment, whether open enrollment, or new hire enrollment and will only be subject to change if a qualifying event happens during the plan year.

## MEDICAL COVERAGE

Coverage Tier	Bi-Weekly Employee Contribution							
	BlueCross BlueShield - Blue Advantage HMO Plan				BlueCross BlueShield - Blue Essentials HMO Plan			
	Tier 1: \$50,000 or Below	Tier 2: \$50,001 to \$69,999	Tier 3: \$70,000 to \$99,999	Tier 4: \$100,000 or Higher	Tier 1: \$50,000 or Below	Tier 2: \$50,001 to \$69,999	Tier 3: \$70,000 to \$99,999	Tier 4: \$100,000 or Higher
Employee Only	\$12.25	\$22.05	\$34.30	\$46.55	\$11.50	\$20.71	\$32.21	\$43.72
Employee + Spouse	\$167.90	\$191.88	\$221.87	\$251.85	\$157.67	\$180.19	\$180.19 <sup>208.35</sup>	\$236.50
Employee + Child(ren)	\$126.78	\$144.90	\$167.54	\$190.18	\$119.06	\$136.07	\$136.07 <sup>157.33</sup>	\$178.59
Family	\$226.08	\$258.37	\$298.75	\$339.12	\$212.30	\$242.63	\$242.63 <sup>280.54</sup>	\$318.45

Coverage Tier	Bi-Weekly Employee Contribution							
	BlueCross BlueShield - Blue Advantage HMO HSA Plan				BlueCross BlueShield - Blue Choice PPO HDHP HSA			
	Tier 1: \$50,000 or Below	Tier 2: \$50,001 to \$69,999	Tier 3: \$70,000 to \$99,999	Tier 4: \$100,000 or Higher	Tier 1: \$50,000 or Below	Tier 2: \$50,001 to \$69,999	Tier 3: \$70,000 to \$99,999	Tier 4: \$100,000 or Higher
Employee Only	\$22.66	\$35.25	\$47.84	\$57.91	\$28.95	\$45.04	\$61.12	\$73.99
Employee + Spouse	\$197.17	\$227.98	\$258.78	\$283.43	\$251.93	\$291.29	\$330.66	\$362.15
Employee + Child(ren)	\$148.89	\$127.15	\$195.41	\$214.02	\$190.24	\$219.96	\$249.68	\$273.46
Family	\$265.49	\$306.97	\$348.45	\$381.64	\$339.22	\$392.23	\$445.23	\$487.63

## DENTAL COVERAGE

Coverage Tier	Bi-Weekly Employee Contribution
	BlueCross BlueShield DPPO
Employee Only	\$0.00
Employee + Spouse	\$18.38
Employee + Child(ren)	\$21.73
Family	\$28.73

## VISION COVERAGE

Coverage Tier	Bi-Weekly Employee Contribution
	BlueCross BlueShield Vision Plan
Employee Only	\$0.00
Employee + Spouse	\$4.50
Employee + Child(ren)	\$4.50
Family	\$4.50