

# Medical Contributions (Per Pay Period)

EPO Plan				
Annual Salary	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
Up to \$50,000	\$0.00	\$144.66	\$173.36	\$271.88
\$50,000—\$75,000	\$0.00	\$173.60	\$208.03	\$326.25
\$75,001—\$100,000	\$0.00	\$202.53	\$242.70	\$380.63
Over \$100,000	\$0.00	\$217.00	\$260.04	\$407.81

HSA Plan				
Annual Salary	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
Up to \$50,000	\$0.00	\$108.14	\$129.59	\$203.24
\$50,000—\$75,000	\$0.00	\$129.77	\$155.51	\$243.88
\$75,001—\$100,000	\$0.00	\$151.40	\$181.43	\$284.53
Over \$100,000	\$0.00	\$162.21	\$194.39	\$304.85