

NEXT LEVEL PRIME COST

Enrolled in Aetna ACO Baptist or Choice POS II Plans

Coverage Type	Total Cost	Employee Cost	Employer Cost
Employee Only	\$31.50	\$0.00	\$31.50
Employee + Spouse	\$52.25	\$20.75	\$31.50
Employee + Child(ren)	\$52.25	\$20.75	\$31.50
Family	\$67.50	\$36.00	\$31.50

Aetna Non-Participants

Coverage Type	Employee Cost
Employee Only	\$31.50
Employee + Spouse	\$52.25
Employee + Child(ren)	\$52.25
Family	\$67.50