

HSA MEDICAL PLAN OPTIONS	1600 PLAN <i>\$1,600 deductible - employee only \$3,200 deductible - emp + 1 or more</i>			2500 PLAN <i>\$2,500 deductible - employee only \$5,000 deductible - emp + 1 or more</i>			5000 PLAN <i>\$5,000 deductible - employee only \$10,000 deductible - emp + 1 or more</i>		
	Employer Pays	You Pay	Total	Employer Pays	You Pay	Total	Employer Pays	You Pay	Total
Monthly									
Employee	\$794	\$0	\$794	\$714	\$0	\$714	\$596	\$0	\$596
EE + Spouse	\$1,188.52	\$396.48	\$1,585	\$1,069.36	\$356.64	\$1,426	\$1,189	\$0	\$1,189
EE + Children	\$985.20	\$328.80	\$1,314	\$886.56	\$295.44	\$1,182	\$987	\$0	\$987
EE + Family	\$1,404.80	\$601.20	\$2,006	\$1,262.80	\$541.20	\$1,804	\$1,504	\$0	\$1,504

PPO MEDICAL PLAN OPTION	COPAY PLAN <i>\$750 deductible</i>		
	Employer Pays	You Pay	Total
Monthly			
Employee	\$913.80	\$167.20	\$1,081
EE + Spouse	\$1,624.04	\$540.96	\$2,165
EE + Children	\$1,348.20	\$448.80	\$1,797
EE + Family	\$1,913.92	\$820.08	\$2,734

HSA Annual Employer Contributions			
	1600	2500	5000
Employee	\$1,656	\$2,076	\$2,700
EE + Spouse	\$2,910	\$3,324	\$3,324
EE + Children	\$2,910	\$3,324	\$3,324
EE + Family	\$3,300	\$3,738	\$3,738

Dental Coverage	Employer Pays	You Pay	Total
Employee	\$43	\$0	\$43
EE + Spouse	\$70	\$18	\$88
EE + Children	\$58.12	\$14.88	\$73
EE + Family	\$90.44	\$22.56	\$113

Vision Coverage	Employer Pays	You Pay	Total
Employee	\$7.19	\$0	\$7.19
EE + Spouse	\$11.27	\$3.12	\$14.39
EE + Children	\$12.03	\$3.36	\$15.39
EE + Family	\$19.80	\$4.80	\$24.60