

HEALTH BENEFIT PREMIUM COSTS EFFECTIVE 7.1.2016
PER MONTH X 12 MONTHS = ANNUAL PREMIUM AMOUNT

MEDICAL	DIRECT 10	MONTHLY PREMIUM	ANNUAL PREMIUM
	Family	\$2,142.94	\$25,715.28
	Husband/Wife	\$1,714.34	\$20,572.08
	Parent/Child(ren)	\$1,268.61	\$15,223.32
	Single	\$857.18	\$10,286.16
	DIRECT 15		
	Family	\$ 2,040.00	\$ 24,480.00
	Husband/Wife	\$ 1,632.01	\$ 19,584.12
	Parent/Child(ren)	\$ 1,207.70	\$ 14,492.40
	Single	\$ 816.02	\$ 9,792.24
PRESCRIPTION			
	Family	\$ 463.60	\$ 5,563.20
	Parent/Child(ren)	\$ 261.40	\$ 3,136.80
	Husband/Wife	\$ 459.08	\$ 5,508.96
	Single	\$ 195.83	\$ 2,349.96
DENTAL			
	Family	\$ 122.10	\$ 1,465.20
	Parent/Children	\$ 122.10	\$ 1,465.20
	Husband/Wife	\$ 94.88	\$ 1,138.56
	Parent/Child	\$ 94.88	\$ 1,138.56
	Single	\$ 47.44	\$ 569.28
VISION			
	Family	\$ 28.71	\$ 344.52
	Husband/Wife	\$ 21.56	\$ 258.72
	Parent/Child	\$ 21.56	\$ 258.72
	Parent/Children	\$ 20.94	\$ 251.28
	Single	\$ 11.99	\$ 143.88