

PEEHIP Premium Amounts

<u>Single Hospital / Medical</u>	\$ 30.00
<u>Family Hospital / Medical</u>	
<u>Employee & Children</u>	\$ 207.00
<u>Employee & Spouse Hospital / Medical</u>	\$ 282.00
*(<u>\$75.00 Spousal Surcharge is included</u>)	
<u>Employee, Spouse, & Children Hospital / Medical</u>	\$ 307.00
<u>Tobacco Surcharge</u>	\$ 50.00
<u>Wellness Charge</u>	\$ 50.00
<u>Single Dental</u>	\$ 38.00
<u>Family Dental</u>	\$ 50.00
<u>Single / Family Vision</u>	\$ 38.00
<u>Single / Family Cancer</u>	\$ 38.00
<u>Single / Family Indemnity</u>	\$38.00