

Active Employees	Employee Share	Employer Share	Semi-Monthly Total
Health Coverage*			
*(Medical="M" Dental="D")			
Employee "M&D"	\$160.44	\$461.11	\$621.55
Employee "M&D" + Family "M" (only)	\$277.96	\$800.98	\$1,078.94
Employee "M&D" + Family "M&D"	\$283.28	\$811.97	\$1,095.25
(Life Coverage)			
Basic Life & AD&D (\$10,000)	N/A	\$0.51	\$0.51
Dependent Child Life	\$0.34	N/A	\$0.34
Employee Supplemental Life *	Age-banded	N/A	Age-banded
Dependent Spouse Life *	Age-banded	N/A	Age-banded
Vision (Voluntary)			
Employee	\$1.98	N/A	\$1.98
Employee & Family	\$5.22	N/A	\$5.22
* For age-banded rates please refer to the Supplemental & Dependent Life Payroll Deduction Worksheet.			
Dental costs included in above rates			
Employee Dental Only	\$3.44	\$7.07	\$10.51
Employee + Family Dental Only	\$8.77	\$18.05	\$26.82