

## BI-WEEKLY EMPLOYEE CONTRIBUTIONS

### Medical

<u>HSA EPO Base Choice Plan</u>	
Employee only	\$49.43
Family	\$192.77
<u>HSA EPO Middle Choice Plan</u>	
Employee only	\$78.89
Family	\$273.48
<u>HSA POS High Choice Plan</u>	
Employee only	\$223.84
Family	\$775.98

### Dental

<u>PPO Base DENTAL</u>	
Employee:	\$17.46
Employee+ Spouse:	\$32.24
Employee + Child(ren):	\$39.72
Family:	\$58.35
<u>PPO High DENTAL</u>	
Employee:	\$25.34
Employee+ Spouse:	\$48.46
Employee + Child(ren):	\$53.85
Family:	\$77.36

### Vision

<u>ALL ELIGIBLE EMPLOYEES</u>	
Employee:	\$2.40
Employee+ 1:	\$4.34
Family:	\$7.57

### Norton Lifelock

<b>Benefit Essential</b>		<b>Benefit Premier</b>	
Employee	\$4.15	Employee	\$6.92
Employee + Family	\$8.00	Employee + Family	\$13.84

### Mutual of Omaha

Basic Life Insurance	Company Paid
Voluntary Life/AD&D	Employee Paid <i>*premiums are calculated according to your age and the amount of coverage you prefer</i>
Voluntary Long Term Disability	Tax Choice <i>*premium varies based on amount of earnings</i>
Voluntary Short Term Disability	Employee Paid <i>*premium varies based on amount of earnings</i>