

## 2018 Total Monthly Premiums Effective January 1, 2018

### CLASSIC PLAN

Employee Only	418.00
Emp and Spouse	950.00
Emp and Child(ren)	782.00
Employee and Family	1,324.00

### PREMIER PLAN

Employee Only	489.00
Employee and Spouse	1,117.00
Employee and Children	916.00
Employee and Family	1,549.00

### HEALTH SAVINGS PLAN

Employee Only	390.00
Employee and Spouse	887.00
Employee and Child(ren)	731.00
Employee and Family	1,238.00

### DENTAL COVERAGE RATES

Employee Only	\$32.00
Employee & Spouse	\$66.00
Employee & Child(ren)	\$55.70
Employee and Family	\$89.70

<b>Vision Insurance</b>	<b>Basic</b>	<b>Enhanced</b>
Employee Only	\$5.76	\$11.62
Employee & Spouse	\$11.43	\$22.97
Employee & Child(ren)	\$11.19	\$22.52
Employee and Family	\$17.01	\$34.22