

**MEDICAL, DENTAL AND VISION MONTHLY CONTRIBUTIONS
JANUARY 2018 - DECEMBER 2018**

LEVEL OF COVERAGE	MEDICAL				DENTAL		VISION	
	EPO	PPO	NON-NETWORK	SDHP	BASIC	PLUS	BASIC	PLUS
EMPLOYEE								
Employee Only	\$117.00	\$92.00	\$92.00	\$8.00	\$8.00	\$14.00	\$6.38	\$11.66
Employee and Spouse	\$298.00	\$235.00	\$235.00	\$21.00	\$14.00	\$23.00	\$12.24	\$22.34
Employee and Child(ren)	\$279.00	\$219.00	\$219.00	\$19.00	\$15.00	\$27.00	\$12.78	\$23.34
Employee and Family	\$460.00	\$362.00	\$362.00	\$32.00	\$23.00	\$30.00	\$19.72	\$36.00
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Surviving Spouse Only or Surviving Child Only	\$268.00	\$183.00	\$183.00	\$27.00	\$41.00	\$45.00	\$6.38	\$11.66
Retiree and Spouse	\$538.00	\$366.00	\$366.00	\$55.00	\$71.00	\$83.00	\$12.24	\$22.34
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	\$459.00	\$312.00	\$312.00	\$46.00	\$72.00	\$84.00	\$12.78	\$23.34
Retiree and Family	\$645.00	\$438.00	\$438.00	\$64.00	\$105.00	\$117.00	\$19.72	\$36.00
DISABILITY RETIREE ELIGIBLE FOR MEDICARE								
Retiree on Medicare Only or Surviving Spouse on Medicare Only	N/A	N/A	\$134.00	N/A	\$41.00	\$45.00	\$6.38	\$11.66
Retiree on Medicare and Spouse	N/A	N/A	\$217.00	N/A	\$71.00	\$83.00	\$12.24	\$22.34
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	N/A	N/A	\$207.00	N/A	\$72.00	\$84.00	\$12.78	\$23.34
Retiree on Medicare and Family	N/A	N/A	\$290.00	N/A	\$105.00	\$117.00	\$19.72	\$36.00
CONNECTOR MODEL RETIREE/DEPENDENTS NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Spouse Only	\$232.00	\$195.00	\$195.00	\$23.00	\$41.00	\$45.00	\$6.38	\$11.66
Child(ren) Only	\$112.00	\$99.00	\$99.00	\$15.00	\$31.00	\$39.00	\$6.38	\$11.66
Retiree and Child(ren) or Spouse and Child(ren)	\$344.00	\$297.00	\$297.00	\$37.00	\$72.00	\$84.00	\$12.78	\$23.34