

# Coverage Costs Weekly

These are your weekly premiums. They are deducted from your paycheck before taxes are taken out.

Medical Coverage	HDHP		PPO Plan		Kaiser Plan	
Annual Base Salary	<\$150,000	\$150,000+	<\$150,000	\$150,000+	<\$150,000	\$150,000+
Employee Only	\$37.67	\$47.89	\$80.18	\$92.56	\$65.01	\$79.46
Employee + Spouse	\$81.26	\$96.86	\$163.59	\$191.04	\$133.64	\$155.31
Employee + Child(ren)	\$71.03	\$84.49	\$143.68	\$166.28	\$116.78	\$136.04
Employee + Family	\$111.93	\$135.61	\$234.08	\$272.29	\$186.61	\$216.71

## Lower Your Medical Premiums

Log on to [www.ehealthscreenings.com/signup](http://www.ehealthscreenings.com/signup) to complete a biometric screening and save up to \$23.08 per paycheck on your medical premiums.

Dental and Vision	Dental – PPO	Dental – DHMO	Vision Plan
Employee Only	\$7.81	\$3.50	\$2.04
Employee + Spouse	\$13.60	\$7.50	\$3.88
Employee + Child(ren)	\$14.51	\$8.50	\$4.08
Employee + Family	\$20.80	\$12.50	\$5.99

Voluntary Life (Per \$1,000 of Coverage)										
Employee Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Employee	\$0.015	\$0.019	\$0.025	\$0.033	\$0.048	\$0.081	\$0.147	\$0.184	\$0.331	\$0.536
Spouse	\$0.015	\$0.019	\$0.025	\$0.033	\$0.048	\$0.081	\$0.147	\$0.184	\$0.331	\$0.536
Child(ren)							\$0.023			

Voluntary AD&D (Per \$1,000 of Coverage)										
Employee	\$0.004									
Spouse										\$0.006
Child(ren)										\$0.006

Legal Plans	Legal Shield	ID Shield	Combined	Pet Insurance
Employee Only	\$3.45	\$1.95	\$5.40	One Pet \$2.71
Employee + Family	\$3.68	\$3.68	\$6.67	Two or More Pets \$4.38

# Coverage Costs Biweekly

These are your biweekly premiums. They are deducted from your paycheck before taxes are taken out.

Medical Coverage	HDHP		PPO Plan		Kaiser Plan	
Annual Base Salary	<\$150,000	\$150,000+	<\$150,000	\$150,000+	<\$150,000	\$150,000+
Employee Only	\$75.34	\$95.78	\$160.36	\$185.12	\$130.02	\$158.92
Employee + Spouse	\$162.52	\$193.72	\$327.18	\$382.08	\$267.28	\$310.62
Employee + Child(ren)	\$142.06	\$168.98	\$287.36	\$332.56	\$233.56	\$272.08
Employee + Family	\$223.86	\$271.22	\$468.16	\$544.58	\$373.22	\$433.42

## Lower Your Medical Premiums

Log on to [www.ehealthscreenings.com/signup](http://www.ehealthscreenings.com/signup) to complete a biometric screening and save up to \$46.16 per paycheck on your medical premiums.

Dental and Vision	Dental – PPO	Dental – DHMO	Vision Plan
Employee Only	\$15.61	\$7.00	\$4.08
Employee + Spouse	\$27.20	\$15.00	\$7.76
Employee + Child(ren)	\$29.02	\$17.00	\$8.16
Employee + Family	\$41.60	\$25.00	\$11.98

Voluntary Life (Per \$1,000 of Coverage)										
Employee Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Employee	\$0.030	\$0.038	\$0.050	\$0.065	\$0.096	\$0.161	\$0.294	\$0.368	\$0.663	\$1.073
Spouse	\$0.030	\$0.038	\$0.050	\$0.065	\$0.096	\$0.161	\$0.294	\$0.368	\$0.663	\$1.073
Child(ren)						\$0.046				

Voluntary AD&D (Per \$1,000 of Coverage)										
Employee	\$0.008									
Spouse	\$0.012									
Child(ren)	\$0.012									

Legal Plans	Legal Shield	ID Shield	Combined	Pet Insurance
Employee Only	\$6.90	\$3.90	\$10.80	One Pet \$5.42
Employee + Family	\$7.36	\$7.36	\$13.34	Two or More Pets \$8.76