Active Full-Time Employees - Medical, Dental, Vision Plans

Employee premiums (bi-weekly deductions)*

	Total bi-weekly deductions (Non-Tobacco user)			
Medical	**Employee**	**EE+Spouse**	**EE+Children**	**EE+Family**
Surest Health PPO				
less than $30,000	$1.72	$51.82	$40.73	$118.35
$30,000 but less than $50,000	$13.52	$73.60	$59.94	$150.15
$50,000 but less than $70,000	$25.50	$95.76	$79.47	$182.46
$70,000 but less than $100,000	$37.30	$117.76	$98.82	$214.60
$100,000 but less than $200,000	$49.25	$140.12	$118.49	$247.23
$200,000 or more	$61.38	$162.84	$138.46	$280.37
Surest Select Health PPO				
less than $30,000	$65.74	$184.83	$154.86	$300.71
$30,000 but less than $50,000	$77.20	$205.98	$173.52	$331.57
$50,000 but less than $70,000	$88.83	$227.51	$192.48	$362.95
$70,000 but less than $100,000	$100.27	$248.86	$211.26	$394.15
$100,000 but less than $200,000	$111.88	$270.57	$230.35	$425.82
$200,000 or more	$123.66	$292.63	$249.74	$458.01
HDHP with Optional HSA				
less than $30,000	$7.78	$63.11	$50.53	$132.63
$30,000 but less than $50,000	$19.24	$84.27	$69.19	$163.50
$50,000 but less than $70,000	$30.87	$105.79	$88.14	$194.87
$70,000 but less than $100,000	$42.32	$127.14	$106.93	$226.07
$100,000 but less than $200,000	$53.92	$148.85	$126.02	$257.74
$200,000 or more	$65.70	$170.91	$145.42	$289.93

*Bi-weekly deductions are calculated using base pay.

Note: If you are subject to the bi-weekly $100 tobacco surcharge, this amount is **not included** in the employee premium listed above. The Benefit Summary on the Health and Life website will display the medical cost and tobacco surcharge separately.

	Total bi-weekly deductions			
Dental	**Employee**	**EE+Spouse**	**EE+Children**	**EE+Family**
Dental Option 1	$6.73	$14.61	$11.77	$19.66
Dental Option 2	$10.07	$22.28	$20.11	$32.34

	Total bi-weekly deductions			
Vision	**Employee**	**EE+Spouse**	**EE+Children**	**EE+Family**
Vision	$4.60	$9.65	$8.27	$13.33

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