

Paying For Benefits - 2019

Coverage	Your Monthly Cost
\$2,000 Deductible PPO	
Employee Only	\$696.84
Employee + Spouse	\$1,533.06
Employee + Child(ren)	\$1,463.37
Employee + Spouse + Child(ren)	\$2,229.90
\$2,700 Deductible HDHP	
Employee Only	\$640.46
Employee + Spouse	\$1,409.02
Employee + Child(ren)	\$1,344.98
Employee + Spouse + Child(ren)	\$2,049.50
\$5,000 Deductible HDHP	
Employee Only	\$611.64
Employee + Spouse	\$1,345.62
Employee + Child(ren)	\$1,223.31
Employee + Spouse + Child(ren)	\$1,957.29
Dental Plan	
Employee Only	\$44.12
Employee + One	\$86.22
Family	\$119.11
Vision Plan	
Employee Only	\$6.41
Employee + One	\$12.81
Family	\$20.62