## MSJC - Benefit Plans and Payroll Deduction for <u>ALL</u> Fulltime EEs (35+ Hrs) with 12 Month Pay Frequency - with VSP Vision Eff 7/1/2022 to 6/30/2023

MEDICAL PLANS >>  Medical Services Co-Pymts	### Anthem HMO \$20  \$20 DOV; \$100 ER	Anthem HMO \$30 \$30 DOV; \$100 ER;	Anthem HMO \$40 (Narrow Network) \$40 DOV; \$150 ER; \$500/\$1000 Annual Deductible (A/D)	\$20 DOV;	Kaiser DHMO\$500 \$20 DOV; \$100 ER; 20% Hospital; \$500/\$1000 A/D; A/D waived for Preventative Care	Kaiser Minimum Value Plan \$50 DOV Co-pay (after A/D); \$4500/\$9000 A/D; 40% Hospital Co- ins.; \$250 ER; Includes MHN Through Kaiser	Kaiser HSA Qualified Deductible HMO  10% Co-ins. after A/D; \$1500/\$3000 A/D; 10% Co-ins.; Includes MHN	Anthem Traditional PPO \$500  \$500/\$1500 A/D; 90%/10% or 70%/30% Co-Ins.  Retail:	Anthem Traditional PPO \$750  \$750/\$2250 A/D; 80%/20% or 60%/40% Co-Ins.  Retail:	Anthem ESSENTIALS PPO Plan \$40 DOV; \$1250/\$3750 A/D; 70%/30% or 50%/50% Co-lns.; 100% Preventive Care	Anthem Elements Choice PPO (Min Value)  \$35 DOV x 3; \$5900/\$11800 A/D	Anthem PPO w/ HSA Plan 1 100% Preventive Care; \$1500/\$3000 A/D; 90%/10% or 70/30% Co-Ins. Retail:
Express Scripts Prescription Co-Pymts	Retail: \$5/\$25/\$40 Mail Order: \$10/\$50/\$80	Retail: \$10/\$30/\$60 Mail Order: \$20/\$60/\$120	Retail: \$10/\$30/\$60 Mail Order: \$20/\$60/\$120	Through Kaiser ONLY: \$10-G/\$20-B Pick up or Mail Order	Through Kaiser ONLY: \$10-G/\$30-B (Pick up or Mail Order)	ONLY: \$250 OOP Max / Member / calendar year	Through Kaiser ONLY: \$10-G/\$30-B after deductible	\$10/\$30/\$10+ cost diff between brand & generic when generic "equiv" is avail	\$15/\$50/\$15+ cost diff between brand & generic when generic "equiv" is avail	Retail: \$15/\$50/\$15+ cost diff between brand & generic when generic "equiv" is avail	\$19/\$50/\$75 Specialty Drugs: 30% co-ins (after A/D)	\$10/\$30 Mail Order: \$20/\$60 (after A/D)
Attached DENTAL>>	Delta PPO Dental	DeltaPPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental
35+ Hours Single EE + Spouse EE + Child(ren) EE + Family	Monthly Payroll Deduction \$0.00 \$627.52 \$397.53	Monthly Payroll Deduction \$0.00 \$520.84 \$306.09 \$816.80	Monthly Payroll Deduction \$0.00 \$380.02 \$185.39 \$618.97	Monthly Payroll Deduction \$0.00 \$536.89 \$399.33 \$772.43	Monthly Payroll Deduction \$0.00 \$291.93 \$176.67 \$441.96	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00 \$182.89 \$77.51 \$293.24	Monthly Payroll Deduction \$715.13 \$2,372.41 \$1,893.15 \$3,417.81	Monthly Payroll Deduction \$556.69 \$2,039.69 \$1,607.96 \$2,950.42	Monthly Payroll Deduction \$171.12 \$1,229.99 \$913.94 \$1,812.98	Monthly Payroll Deduction \$0.00 \$0.00 \$0.00 \$0.00	Monthly Payroll Deduction \$0.00 \$891.20 \$623.54 \$1,337.06
Attached DENTAL>>	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO
35+ Hours Single EE + Spouse EE + Child(ren) EE + Family	Monthly Payroll Deduction \$0.00 \$612.16 \$382.17 \$951.30	Monthly Payroll Deduction \$0.00 \$505.48 \$290.73 \$801.44	Monthly Payroll Deduction \$0.00 \$364.66 \$170.03 \$603.61	Monthly Payroll Deduction \$0.00 \$521.53 \$383.97 \$757.07	Monthly Payroll Deduction \$0.00 \$276.57 \$161.31 \$426.60	Monthly Payroll Deduction \$0.00 \$0.00 \$0.00 \$0.00	Monthly Payroll Deduction \$0.00 \$167.53 \$62.15 \$277.88	Monthly Payroll Deduction \$699.77 \$2,357.05 \$1,877.79 \$3,402.45	Monthly Payroll Deduction \$541.33 \$2,024.33 \$1,592.60 \$2,935.06	Monthly Payroll Deduction \$155.76 \$1,214.63 \$898.58 \$1,797.62	Monthly Payroll Deduction \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Monthly Payroll Deduction \$0.00 \$875.84 \$608.18 \$1,321.70
Attached DENTAL>>	MetLife DHMO (aka Safe Guard) Monthly Payroll	MetLife DHMO (aka Safe Guard)  Monthly Payroll	MetLife DHMO (aka Safe Guard) Monthly Payroll	MetLife DHMO (aka Safe Guard)  Monthly Payroll	MetLife DHMO (aka Safe Guard) Monthly Payroll	MetLife DHMO (aka Safe Guard) Monthly Payroll	MetLife DHMO (aka Safe Guard) Monthly Payroll	MetLife DHMO (aka Safe Guard)  Monthly Payroll	MetLife DHMO (aka Safe Guard) Monthly Payroll	MetLife DHMO (aka Safe Guard) Monthly Payroll	MetLife DHMO (aka Safe Guard) Monthly Payroll	MetLife DHMO (aka Safe Guard) Monthly Payroll
35+ Hours	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction
Single EE + Spouse EE + Child EE + Children EE + Family	\$0.00 \$564.90 \$334.91 \$336.90 \$906.03	\$0.00 \$458.22 \$243.47 \$245.46 \$756.17	\$0.00 \$317.40 \$122.77 \$124.76 \$558.34	\$0.00 \$474.27 \$336.71 \$338.70 \$711.80	\$0.00 \$229.31 \$114.05 \$116.04 \$381.33		\$0.00 \$120.27 \$0.00 \$0.00 \$232.61	\$636.59 \$2,309.79 \$1,830.53 \$1,832.52 \$3,357.18	\$478.15 \$1,977.07 \$1,545.34 \$1,547.33 \$2,889.79	\$92.58 \$1,167.37 \$851.32 \$853.31 \$1,752.35	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$828.58 \$560.92 \$562.91 \$1,276.43
Attached DENTAL>> (NO Longer Offered to new enrollees) 35+ Hours	Delta Incentive  Monthly Payroll Deduction	Delta Incentive  Monthly Payroll Deduction	Delta Incentive  Monthly Payroll Deduction	Delta Incentive  Monthly Payroll Deduction	Delta Incentive  Monthly Payroll  Deduction	Delta Incentive  Monthly Payroll Deduction	Delta Incentive  Monthly Payroll  Deduction	Delta Incentive  Monthly Payroll Deduction	Delta Incentive  Monthly Payroll  Deduction	Delta Incentive  Monthly Payroll  Deduction	Delta Incentive  Monthly Payroll  Deduction	Delta Incentive  Monthly Payroll Deduction
Single EE + Spouse EE + Child(ren) EE + Family	\$0.00 \$626.72 \$396.73 \$965.86	\$0.00 \$520.04 \$305.29 \$816.00		\$0.00 \$536.09 \$398.53 \$771.63	\$0.00 \$291.13 \$175.87 \$441.16		\$0.00 \$182.09 \$76.71 \$292.44	\$714.33 \$2,371.61 \$1,892.35 \$3,417.01	\$555.89 \$2,038.89 \$1,607.16 \$2,949.62	\$170.32 \$1,229.19 \$913.14 \$1,812.18	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$890.40 \$622.74 \$1,336.26

## MSJC - Benefit Plans and Payroll Deduction for <u>ALL</u> Fulltime EEs (35+ Hrs) with 11 Month Pay Frequency - with VSP Vision Eff 7/1/2022 to 6/30/2023

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											Anthem	
			Anthem HMO				Kaiser HSA	Anthem	Anthem	Anthem	Elements	Anthem PPO w/
MEDICAL	Anthem	Anthem	\$40 (Narrow	Kaiser HMO	Kaiser	Kaiser Minimum	Qualified	Traditional	Traditional PPO	ESSENTIALS PPO	Choice PPO	HSA
PLANS >>	HMO \$20	HMO \$30	Network)	\$20	DHMO\$500	\$50 DOV Co-pay	Deductible HMO	PPO \$500	\$750	Plan	(Min Value)	Plan 1
Medical			\$40 DOV;		\$20 DOV; \$100 ER;	(after A/D);	10% Co-ins. after A/D;		4	\$40 DOV;		100% Preventive
Services	\$20 DOV;	\$30 DOV;	\$150 ER; \$500/\$1000	\$20 DOV;	20% Hospital; \$500/\$1000 A/D;	\$4500/\$9000 A/D;	\$1500/\$3000 A/D;	\$500/\$1500 A/D; 90%/10% or	\$750/\$2250 A/D; 80%/20% or	\$1250/\$3750 A/D; 70%/30% or 50%/50%	\$35 DOV x 3;	Care; \$1500/\$3000 A/D;
Co-Pymts	\$100 ER	\$100 ER;	Annual	\$100 ER	A/D waived for	40% Hospital Co-ins.; \$250 ER;	10% Co-ins.; Includes MHN	70%/30% Co-Ins.	60%/40% Co-Ins.	Co-Ins.;	\$5900/\$11800 A/D	90%/10% or 70/30%
Co i yiiles			Deductible (A/D)		Preventative Care	Includes MHN	includes with			100% Preventive Care		Co-Ins.
Express				7	T	Through Kaiser		Retail:	Retail:	D	Retail:	Retail:
Scripts	Retail: \$5/\$25/\$40	Retail: \$10/\$30/\$60	Retail: \$10/\$30/\$60	Through Kaiser ONLY:	Through Kaiser ONLY:	ONLY:	Through Kaiser ONLY:	\$10/\$30/\$10+ cost diff between brand	\$15/\$50/\$15+ cost diff between brand	Retail: \$15/\$50/\$15+ cost diff between brand	\$19/\$50/\$75	\$10/\$30
Prescription	Mail Order:	Mail Order:	Mail Order:		\$10-G/\$30-B (Pick	\$250 OOP Max / Member / calendar	\$10-G/\$30-B after deductible	& generic when	& generic when	& generic when generic	Specialty Drugs: 30% co-ins (after	Mail Order: \$20/\$60
Co-Pymts	\$10/\$50/\$80	\$20/\$60/\$120	\$20/\$60/\$120	up or Mail Order	up or Mail Order)	year	arter deductible	generic "equiv" is	generic "equiv" is	"equiv" is avail	A/D)	(after A/D)
								avail	avail			
Attached	Delta PPO	Delta PPO	Delta PPO	Delta PPO	Delta PPO	Delta PPO	Dalta DDO Dantal	Delta PPO	Delta PPO	Dalta DDO Dantal	Delta PPO	Delta PPO
DENTAL>>	Dental	Dental	Dental	Dental	Dental	Dental	Delta PPO Dental	Dental	Dental	Delta PPO Dental	Dental	Dental
	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll
35+ Hours Single	Deduction \$0.00	Deduction \$0.00	Deduction \$0.00	Deduction \$0.00	Deduction \$0.00	Deduction \$0.00	Deduction \$0.00	Deduction \$780.14	Deduction \$607.30	Deduction \$186.68	Deduction \$0.00	Deduction \$0.00
EE + Spouse	\$684.57	\$568.19	\$414.57	\$585.70	\$318.47		\$199.52	\$2,588.08	\$2,225.12	\$1,341.81	\$0.00	\$972.22
EE + Child(ren)	\$433.67	\$333.92	\$202.24	\$435.63	\$192.73	· ·	\$84.56	\$2,065.25	\$1,754.14	\$997.03	\$0.00	\$680.23
EE + Family	\$1,054.54	\$891.05	\$675.24	\$842.65	\$482.14	\$0.00	\$319.90	\$3,728.52	\$3,218.64	\$1,977.80	\$0.00	\$1,458.61
Attached												
DENTAL>>	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO
	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll
35+ Hours	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$763.39	\$590.54	\$169.92	\$0.00	\$0.00
EE + Spouse	\$667.81	\$551.43	\$397.81	\$568.94	\$301.71	· ·	\$182.76	\$2,571.33	\$2,208.36	\$1,325.05	\$0.00	\$955.46
EE + Child(ren) EE + Family	\$416.91 \$1,037.78	\$317.16 \$874.30	\$185.49 \$658.48	\$418.88 \$825.89	\$175.97 \$465.38	\$0.00 \$0.00	\$67.80 \$303.14	\$2,048.50 \$3,711.76	\$1,737.38 \$3,201.88	\$980.27 \$1,961.04	\$0.00 \$0.00	\$663.47 \$1,441.85
EE - Fulliny	MetLife	MetLife MetLife	MetLife MetLife	MetLife	MetLife	Ç0.00	Ç303.14	MetLife	MetLife	ψ1,301.04	MetLife	<b>\$1,441.03</b>
	DHMO	DHMO	DHMO	DHMO	DHMO			DHMO	DHMO		DHMO	
Attached	(aka Safe	(aka Safe	(aka Safe	(aka Safe	(aka Safe	MetLife DHMO	MetLife DHMO	(aka Safe	(aka Safe	MetLife DHMO	(aka Safe	MetLife DHMO
DENTAL>>	Guard)	Guard)	Guard)	Guard)	Guard)	(aka Safe Guard)	(aka Safe Guard)	Guard)	Guard)	(aka Safe Guard)	Guard)	(aka Safe Guard)
	Monthly Dayroll	Monthly Payroll	Monthly Doynall	Monthly Payroll	Monthly Downell	Monthly Downell	Monthly Down	Monthly Payroll	Monthly Downell	Monthly Dayroll	Monthly Downl	Monthly Daywell
35+ Hours	Monthly Payroll Deduction	Deduction	Monthly Payroll Deduction	Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll  Deduction	Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll  Deduction	Monthly Payroll Deduction
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$694.46	\$521.62	\$101.00	\$0.00	\$0.00
EE + Spouse	\$616.25	\$499.88	\$346.25	\$517.39	\$250.16	· ·	\$131.20	\$2,519.77	\$2,156.80	\$1,273.49	\$0.00	\$903.91
EE + Child	\$365.36	\$265.60	\$133.93	\$367.32	\$124.42	· ·	\$0.00	\$1,996.94	\$1,685.83	\$928.71	\$0.00	\$611.91
EE + Children	\$367.53	\$267.77	\$136.10	\$369.49	\$126.59		\$0.00	\$1,999.11	\$1,688.00	\$930.88	\$0.00	\$614.08
EE + Family	\$988.40	\$824.91	\$609.10	\$776.51	\$416.00	\$0.00	\$253.76	\$3,662.38	\$3,152.50	\$1,911.65	\$0.00	\$1,392.47
Attached DENTAL>>	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive
(NO Longer Offered to	incentive	incentive	incentive	incentive	Delta ilicelitive	Deita incentive	Delta incentive	Delta ilicelitive	Delta ilicelitive	Delta incentive	Delta incentive	Delta incentive
new enrollees)	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll
35+ Hours	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction
Single EE + Spouse	\$0.00 \$683.69	\$0.00 \$567.32	\$0.00 \$413.69	\$0.00 \$584.83	\$0.00 \$317.60		\$0.00 \$198.64	\$779.27 \$2,587.21	\$606.43 \$2,224.24	\$185.80 \$1,340.93	\$0.00 \$0.00	\$0.00 \$971.35
EE + Spouse EE + Child(ren)	\$683.69	\$333.04	\$413.69	\$584.83 \$434.76	\$17.80 \$191.86	· ·	\$198.64	\$2,064.38	\$2,224.24 \$1,753.27	\$1,340.93 \$996.15	\$0.00	\$679.35
EE + Family	\$1,053.67	\$890.18	\$674.37	\$841.78	\$481.27			\$3,727.65	\$3,217.77	\$1,976.92	\$0.00	\$1,457.74

## MSJC - Benefit Plans and Payroll Deduction for <u>ALL</u> Fulltime EEs (35+ Hrs) with 10 Month Pay Frequency - with VSP Vision Eff 7/1/2022 to 6/30/2023

4	0	1		1	1	0			1	1		1
											Anthem	
			Anthem HMO				Kaiser HSA	Anthem	Anthem	Anthem	Elements	Anthem PPO w/
MEDICAL	Anthem	Anthem	\$40 (Narrow	Kaiser HMO	Kaiser	Kaiser Minimum	Qualified	Traditional	Traditional PPO	ESSENTIALS PPO	Choice PPO	HSA
PLANS >>	HMO \$20	HMO \$30	Network)	\$20	DHMO\$500	Value Plan	Deductible HMO	PPO \$500	\$750	Plan	(Min Value)	Plan 1
Madical			\$40 DOV;		\$20 DOV; \$100 ER;	\$50 DOV Co-pay (after A/D);	10% Co-ins. after A/D;			\$40 DOV;		100% Preventive
Medical	\$20 DOV;	\$30 DOV;	\$150 ER;	\$20 DOV;	20% Hospital;	\$4500/\$9000 A/D;	\$1500/\$3000 A/D;	\$500/\$1500 A/D;	\$750/\$2250 A/D;	\$1250/\$3750 A/D;	\$35 DOV x 3;	Care;
Services	\$100 ER	\$100 ER;	\$500/\$1000 Annual	\$100 ER	\$500/\$1000 A/D; A/D waived for	40% Hospital Co-ins.;	10% Co-ins.;	90%/10% or 70%/30% Co-Ins.	80%/20% or 60%/40% Co-Ins.	70%/30% or 50%/50% Co-Ins.;	\$5900/\$11800 A/D	\$1500/\$3000 A/D; 90%/10% or 70/30%
Co-Pymts			Deductible (A/D)		Preventative Care	\$250 ER;	Includes MHN	7070/3070 CO 1113.	0070/ 4070 CO 1113.	100% Preventive Care		Co-Ins.
<b> </b>				<b> </b>		Includes MHN		Retail:	Retail:			I
Express	Retail:	Retail:	Retail:	Through Kaiser	Through Kaiser	Through Kaiser ONLY:	Through Kaiser ONLY:	\$10/\$30/\$10+ cost	\$15/\$50/\$15+ cost	Retail: \$15/\$50/\$15+	Retail: \$19/\$50/\$75	Retail: \$10/\$30
Scripts	\$5/\$25/\$40	\$10/\$30/\$60	\$10/\$30/\$60	ONLY:	ONLY:	\$250 OOP Max /	\$10-G/\$30-B	diff between brand	diff between brand	cost diff between brand	Specialty Drugs:	Mail Order:
Prescription	Mail Order: \$10/\$50/\$80	Mail Order: \$20/\$60/\$120	Mail Order: \$20/\$60/\$120	up or Mail Order	\$10-G/\$30-B (Pick up or Mail Order)	Member / calendar	after deductible	& generic when generic "equiv" is	& generic when generic "equiv" is	& generic when generic "equiv" is avail	30% co-ins (after	\$20/\$60
Co-Pymts	710/750/700	720/700/7120	\$20,\$00,\$120	up of Mail Oraci	up or wan order)	year		avail	avail	equiv is avair	A/D)	(after A/D)
Attached	Delta PPO	Delta PPO	Delta PPO	Delta PPO	Delta PPO	Delta PPO		Delta PPO	Delta PPO		Delta PPO	Delta PPO
DENTAL>>	Dental	Dental	Dental	Dental	Dental	Dental	Delta PPO Dental	Dental	Dental	Delta PPO Dental	Dental	Dental
35+ Hours	Monthly Payroll Deduction	Monthly Payroll  Deduction	Monthly Payroll Deduction	Monthly Payroll  Deduction	Monthly Payroll Deduction	Monthly Payroll  Deduction	Monthly Payroll  Deduction	Monthly Payroll  Deduction	Monthly Payroll Deduction	Monthly Payroll  Deduction	Monthly Payroll  Deduction	Monthly Payroll Deduction
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$858.16	\$668.03	\$205.34		
EE + Spouse	\$753.02	\$625.01	\$456.02	\$644.27	\$350.32		\$219.47	\$2,846.89	\$2,447.63	\$1,475.99		\$1,069.44
EE + Child(ren)	\$477.04	\$367.31	\$222.47	\$479.20	\$212.00	\$0.00	\$93.01	\$2,271.78	\$1,929.55	\$1,096.73	\$0.00	\$748.25
EE + Family	\$1,159.99	\$980.16	\$742.76	\$926.92	\$530.35	\$0.00	\$351.89	\$4,101.37	\$3,540.50	\$2,175.58	\$0.00	\$1,604.47
Attached												
DENTAL>>	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO
	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll
35+ Hours	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$839.72	\$649.60	\$186.91	\$0.00	\$0.00
EE + Spouse	\$734.59	\$606.58	\$437.59	\$625.84	\$331.88		\$201.04	\$2,828.46	\$2,429.20	\$1,457.56	\$0.00	\$1,051.01
EE + Child(ren)	\$458.60	\$348.88	\$204.04	\$460.76	\$193.57	\$0.00	\$74.58	\$2,253.35	\$1,911.12	\$1,078.30	\$0.00	\$729.82
EE + Family	\$1,141.56	\$961.73	\$724.33	\$908.48	\$511.92	\$0.00	\$333.46	\$4,082.94	\$3,522.07	\$2,157.14	\$0.00	\$1,586.04
	MetLife	MetLife	MetLife	MetLife	MetLife			MetLife	MetLife		MetLife	
	DHMO	DHMO	DHMO	DHMO	DHMO			DHMO	DHMO		DHMO	
Attached	(aka Safe	(aka Safe	(aka Safe	(aka Safe	(aka Safe	MetLife DHMO	MetLife DHMO	(aka Safe	(aka Safe	MetLife DHMO	(aka Safe	MetLife DHMO
DENTAL>>	Guard)	Guard)	Guard)	Guard)	Guard)	(aka Safe Guard)	(aka Safe Guard)	Guard)	Guard)	(aka Safe Guard)	Guard)	(aka Safe Guard)
	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll
35+ Hours	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$763.91	\$573.78	\$111.10		\$0.00
EE + Spouse	\$677.88	\$549.86	\$380.88	\$569.12	\$275.17	· ·	\$144.32	\$2,771.75	\$2,372.48	\$1,400.84	\$0.00	\$994.30
EE + Child	\$401.89	\$292.16	\$147.32	\$404.05	\$136.86	· ·	\$0.00	\$2,196.64	\$1,854.41	\$1,021.58	\$0.00	\$673.10
EE + Children EE + Family	\$404.28 \$1,087.24	\$294.55 \$907.40	\$149.71 \$670.01	\$406.44 \$854.16	\$139.25 \$457.60	\$0.00 \$0.00	\$0.00 \$279.13	\$2,199.02 \$4,028.62	\$1,856.80 \$3,467.75	\$1,023.97 \$2,102.82	\$0.00 \$0.00	\$675.49 \$1,531.72
Attached	Delta Delta	Delta	Delta	Delta	Ţ.S7.00	\$5.00	<i>\$2.3.13</i>	7 1,523.02	¥5, .575	<i>\$2,102.02</i>	\$2.00	<b>V</b> 2,332.72
DENTAL>>	Incentive	Incentive	Incentive	Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive
(NO Longer Offered to												
new enrollees)	<b>Monthly Payroll</b>	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll	Monthly Payroll
35+ Hours	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction	Deduction
Single	\$0.00	\$0.00		\$0.00	\$0.00			\$857.20	\$667.07	\$204.38		\$0.00
EE + Spouse EE + Child(ren)	\$752.06 \$476.08	\$624.05 \$366.35	\$455.06 \$221.51	\$643.31 \$478.24	\$349.36 \$211.04	· ·	\$218.51 \$92.05	\$2,845.93 \$2,270.82	\$2,446.67 \$1,928.59	\$1,475.03 \$1,095.77	\$0.00 \$0.00	\$1,068.48 \$747.29
EE + Family	\$1,159.03	\$979.20	\$741.80	\$925.96	\$529.39		· ·	\$4,100.41	\$3,539.54	\$2,174.62	\$0.00	\$1,603.51
· · · · · · · · · · · · · · · · · ·	71,133.03	JJ1J.20	7/41.00	7,72,3,30	7323.33	<del>γ</del> υ.00	7550.93	74,100.41	75,555.54	72,174.02	0.00 کې	71,003.31