## MSJC - Benefit Plans and Payroll Deduction for ALL Fulltime Faculty with 12 Month Pay Frequency - with EyeMed Vision Eff 7/1/2022 to 6/30/2023

MEDICAL	4 LIN 4 O	A 4	Anthem DHMO\$500	Kaisas 11040	Watern	Maria and Ballatana	Kaiser HSA	Anthem	Anthem	Anthem	Anthem	Anthem PPO w/
MEDICAL PLANS >>	\$20	Anthem HMO \$30	(Narrow Network) - Formerly HMO\$40	Kaiser HMO \$20	Kaiser DHMO\$500	Kaiser Minimum  Value Plan	Qualified Deductible HMO	Traditional PPO \$500	Traditional PPO \$750	ESSENTIALS PPO Plan	Elements Choice PPO (Min Value)	HSA Plan 1
FLANS	320	330	Tornierry mivio 340	320	\$20 DOV; \$100 ER;	\$50 DOV Co-pay	Deductible HIVIO	FFO 3300	\$750		FFO (Willi Value)	100% Preventive
Medical	420 DOV	<b>\$20.00</b> 1	\$40 DOV; \$150 ER;	420 DOV	20% Hospital;	(after A/D);	10% Co-ins. after A/D;	\$500/\$1500 A/D;	\$750/\$2250 A/D;	\$40 DOV; \$1250/\$3750 A/D;	425 DOV 2	Care;
Services	\$20 DOV; \$100 ER	\$30 DOV; \$100 ER;	\$500/\$1000 Annual	\$20 DOV; \$100 ER	\$500/\$1000 A/D;	\$4500/\$9000 A/D; 40% Hospital Co-ins.;	\$1500/\$3000 A/D; 10% Co-ins.;	90%/10% or	80%/20% or	70%/30% or 50%/50%	\$35 DOV x 3; \$5900/\$11800 A/D	\$1500/\$3000 A/D;
Co-Pymts			Deductible (A/D)		A/D waived for Preventative Care	\$250 ER;	Includes MHN	70%/30% Co-Ins.	60%/40% Co-Ins.	Co-Ins.; 100% Preventive Care		90%/10% or 70/30% Co-Ins.
F				<b></b>		Includes MHN Through Kaiser		Retail:	Retail:	<b>∤</b>	}	Retail:
Express	Retail:	Retail:	Potail, \$10/\$20/\$60 Mail	Through Kaiser	Through Kaiser ONLY:	ONLY:	Through Kaiser ONLY:	\$10/\$30/\$10+ cost	\$15/\$50/\$15+ cost	Retail: \$15/\$50/\$15+ cost diff between brand	Retail: \$19/\$50/\$75	\$10/\$30
Scripts Prescription	\$5/\$25/\$40 Mail Order:	\$10/\$30/\$60 Mail Order:	Retail: \$10/\$30/\$60 Mail Order: \$20/\$60/\$120	ONLY: \$10-G/\$20-B Pick	\$10-G/\$30-B (Pick	\$250 OOP Max /	\$10-G/\$30-B	diff between brand & generic when	diff between brand & generic when	& generic when generic	Specialty Drugs: 30%	Mail Order:
Co-Pymts	\$10/\$50/\$80	\$20/\$60/\$120		up or Mail Order	up or Mail Order)	Member / calendar year	after deductible	generic "equiv" is	generic "equiv" is	"equiv" is avail	co-ins (after A/D)	\$20/\$60 (after A/D)
55 1 75						yea.		avail	avail			(4.10.775)
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
										20110 7 7 0 2011101		
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	\$708.26	\$549.82	\$164.25	\$0.00	\$0.00
EE + Spouse	\$620.65		\$373.15	\$530.02	\$285.06		\$176.02	\$2,365.54	\$2,032.82	\$1,223.12	\$0.00	\$884.33
EE + Child(ren)	\$390.66	\$299.22	\$178.52	\$392.46	\$169.80		\$70.64	\$1,886.28	\$1,601.09	\$907.07	\$0.00	\$616.67
EE + Family	\$959.79	\$809.93	\$612.10	\$769.10	\$435.09	\$0.00	\$286.37	\$3,410.94	\$2,943.55	\$1,806.11	\$0.00	\$1,330.19
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
DENTAL	Anthempro	Anthempro	Anthempro	Anthempro	Anthemirro	Anthemirro			Anthemirro	Anthempro		
25 L 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
35+ Hours Single	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$692.90	\$534.46		\$0.00	\$0.00
EE + Spouse	\$605.29	\$498.61	\$357.79	\$0.00 \$514.66	\$0.00 \$269.70	\$0.00	\$160.66	\$2,350.18	\$2,017.46		\$0.00 \$0.00	\$868.97
EE + Child(ren)	\$375.30	\$283.86		\$377.10	\$154.44		\$55.28	\$1,870.92	\$1,585.73	\$891.71	\$0.00	\$601.31
EE + Family	\$944.43	\$794.57	\$596.74	\$753.74	\$419.73	\$0.00	\$271.01	\$3,395.58	\$2,928.19	\$1,790.75	\$0.00	\$1,314.83
	MetLife	MetLife		MetLife								
Attached	DHMO	DHMO	Mottifo DUMO	DHMO	MetLife DHMO	Mottifo DUMO	Mottifo DUMO	MetLife DHMO	MetLife DHMO	Mottife DUMO	MetLife DHMO	Mottifo DUMO
Attached DENTAL>>	(aka Safe Guard)	(aka Safe Guard)	MetLife DHMO (aka Safe Guard)	(aka Safe Guard)	(aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	_	(aka Safe Guard)	MetLife DHMO (aka Safe Guard)	(aka Safe Guard)	MetLife DHMO (aka Safe Guard)
		•	,				,				,	
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	\$629.72	\$471.28		\$0.00	\$0.00
EE + Spouse	\$558.03	\$451.35		\$467.40	\$222.44		\$113.40	\$2,302.92	\$1,970.20		\$0.00	\$821.71
EE + Child	\$328.04	\$236.60		\$329.84	\$107.18	\$0.00	\$0.00	\$1,823.66	\$1,538.47	\$844.45	\$0.00	\$554.05
EE + Children EE + Family	\$330.03 \$899.16	\$238.59 \$749.30	\$117.89 \$551.47	\$331.83 \$708.47	\$109.17 \$374.46	\$0.00 \$0.00	\$0.00 \$225.74	\$1,825.65 \$3,350.31	\$1,540.46 \$2,882.92	\$846.44 \$1,745.48	\$0.00 \$0.00	\$556.04 \$1,269.56
			,55 <u>1.</u> 47		Ç57.4.40	Ç0.00	7223.74	\$5,550.31	72,002.32	Ç1,743.46	\$0.00	Ç1,203.30
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												
new enrollees) 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	\$707.46	\$549.02		\$0.00	\$0.00
EE + Spouse	\$619.85			\$529.22	\$284.26		\$175.22	\$2,364.74	\$2,032.02	\$1,222.32	\$0.00	\$883.53
	7013.03			7	7							
EE + Child(ren) EE + Family	\$389.86 \$958.99			\$391.66 \$768.30			\$69.84 \$285.57	\$1,885.48 \$3,410.14	\$1,600.29 \$2,942.75	\$906.27 \$1,805.31	\$0.00 \$0.00	\$615.87 \$1,329.39

## MSJC - Benefit Plans and Payroll Deduction for <u>ALL</u> Fulltime Faculty with <u>11 Month Pay Frequency</u> - with <u>EyeMed Vision Eff 7/1/2022 to 6/30/2023</u>

											Authorn	
MEDICAL PLANS >>	Anthem HMO \$20	Anthem HMO \$30	Anthem DHMO\$500 (Narrow Network) - Formerly HMO\$40	Kaiser HMO \$20	Kaiser DHMO\$500	Kaiser Minimum Value Plan	Kaiser HSA Qualified Deductible HMO	Anthem Traditional PPO \$500	Anthem Traditional PPO \$750	Anthem ESSENTIALS PPO Plan	Anthem Elements Choice PPO (Min Value)	Anthem PPO w/ HSA Plan 1
Medical Services Co-Pymts	\$20 DOV; \$100 ER	\$30 DOV; \$100 ER;	\$40 DOV; \$150 ER; \$500/\$1000 Annual Deductible (A/D)	\$20 DOV; \$100 ER	\$20 DOV; \$100 ER; 20% Hospital; \$500/\$1000 A/D; A/D waived for Preventative Care	\$50 DOV Co-pay (after A/D); \$4500/\$9000 A/D; 40% Hospital Co-ins.; \$250 ER; Includes MHN	10% Co-ins. after A/D; \$1500/\$3000 A/D; 10% Co-ins.; Includes MHN	\$500/\$1500 A/D; 90%/10% or 70%/30% Co-Ins.	\$750/\$2250 A/D; 80%/20% or 60%/40% Co-Ins.	\$40 DOV; \$1250/\$3750 A/D; 70%/30% or 50%/50% Co-Ins.; 100% Preventive Care	\$35 DOV x 3; \$5900/\$11800 A/D	100% Preventive Care; \$1500/\$3000 A/D; 90%/10% or 70/30% Co-Ins.
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/\$30-B (Pick up or Mail Order)	Through Kaiser ONLY: \$250 OOP Max / Member / calendar year	Through Kaiser ONLY: \$10-G/\$30-B after deductible	Retail: \$10/\$30/\$10+ cost diff between brand & generic when generic "equiv" is avail	Retail: \$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	Retail: \$19/\$50/\$75 Specialty Drugs: 30% co-ins (after A/D)	Retail: \$10/\$30 Mail Order: \$20/\$60 (after A/D)
Attached 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	Delta PPO Dental	Delta PPO Dental
35+ Hours Single EE + Spouse EE + Child(ren) EE + Family	Monthly Payroll Deduction \$0.00 \$677.07 \$426.17 \$1,047.04	Monthly Payroll Deduction \$0.00 \$560.69 \$326.42 \$883.56	Monthly Payroll Deduction \$0.00 \$407.07 \$194.75 \$667.75	Monthly Payroll Deduction \$0.00 \$578.20 \$428.14 \$839.02	Monthly Payroll Deduction \$0.00 \$310.97 \$185.24 \$474.64	Monthly Payroll Deduction \$0.00 \$0.00 \$0.00 \$0.00	Monthly Payroll Deduction \$0.00 \$192.02 \$77.06 \$312.40	Monthly Payroll Deduction \$772.65 \$2,580.59 \$2,057.76 \$3,721.03	Monthly Payroll Deduction \$599.80 \$2,217.62 \$1,746.64 \$3,211.15	Monthly Payroll Deduction \$179.18 \$1,334.31 \$989.53 \$1,970.30	Monthly Payroll Deduction \$0.00 \$0.00 \$0.00 \$0.00	Monthly Payroll Deduction \$0.00 \$964.72 \$672.73 \$1,451.12
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		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 EE + Spouse EE + Child(ren) EE + Family	\$0.00 \$660.32 \$409.42 \$1,030.29	\$0.00 \$543.94 \$309.67 \$866.80	\$0.00 \$390.32 \$177.99 \$650.99	\$0.00 \$561.45 \$411.38 \$822.26	\$0.00 \$294.22 \$168.48 \$457.89	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$175.27 \$60.31 \$295.65	\$755.89 \$2,563.83 \$2,041.00 \$3,704.27	\$583.05 \$2,200.87 \$1,729.89 \$3,194.39	\$162.43 \$1,317.56 \$972.77 \$1,953.55	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$947.97 \$655.97 \$1,434.36
Et i family	MetLife	MetLife	<del>-</del>	MetLife	MetLife	Ţ0.00	<del>\$255.65</del>	MetLife	MetLife	Ψ1,333.33	MetLife	<b>\$1,434.30</b>
Attached	DHMO (aka Safe	DHMO (aka Safe	MetLife DHMO	DHMO (aka Safe	DHMO (aka Safe	MetLife DHMO	MetLife DHMO	DHMO (aka Safe	DHMO (aka Safe	MetLife DHMO	DHMO (aka Safe	MetLife DHMO
DENTAL>>	Guard)	Guard)	(aka Safe Guard)	Guard)	Guard)	(aka Safe Guard)	(aka Safe Guard)	Guard)	Guard)	(aka Safe Guard)	Guard)	(aka Safe Guard)
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 EE + Spouse EE + Child	\$0.00 \$608.76 \$357.86	\$0.00 \$492.38 \$258.11	\$0.00 \$338.76 \$126.44	\$0.00 \$509.89 \$359.83	\$0.00 \$242.66 \$116.92	\$0.00 \$0.00 \$0.00	\$0.00 \$123.71 \$0.00	\$686.97 \$2,512.28 \$1,989.45	\$514.12 \$2,149.31 \$1,678.33	\$93.50 \$1,266.00 \$921.22	\$0.00 \$0.00 \$0.00	\$0.00 \$896.41 \$604.42
EE + Children EE + Family	\$360.03 \$980.90	\$260.28 \$817.42	\$128.61 \$601.60	\$362.00 \$772.88	\$119.09 \$408.50	\$0.00 \$0.00	\$0.00 \$246.26	\$1,991.62 \$3,654.88	\$1,680.50 \$3,145.00	\$923.39 \$1,904.16	\$0.00 \$0.00	\$606.59 \$1,384.97
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 new enrollees) 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 EE + Spouse EE + Child(ren) EE + Family	\$0.00 \$676.20 \$425.30 \$1,046.17	\$0.00 \$559.82 \$325.55 \$882.69	\$0.00 \$406.20 \$193.88 \$666.87	\$0.00 \$577.33 \$427.27 \$838.15	\$0.00 \$310.10	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$191.15 \$76.19 \$311.53	\$771.77 \$2,579.72 \$2,056.89 \$3,720.15	\$598.93	\$178.31 \$1,333.44 \$988.66 \$1,969.43	\$0.00 \$0.00	\$0.00 \$963.85 \$671.86 \$1,450.24

## MSJC - Benefit Plans and Payroll Deduction for <u>ALL</u> Fulltime Faculty with 10 Month Pay Frequency - with EyeMed Vision Eff 7/1/2022 to 6/30/2023

MEDICAL	Anthem	Anthem	Anthem DHMO\$500 (Narrow Network) -	Kaiser HMO	Kaiser	Kaiser Minimum	Kaiser HSA Qualified	Anthem Traditional	Anthem Traditional PPO	Anthem ESSENTIALS PPO	Anthem Elements Choice PPO	Anthem PPO w/ HSA
PLANS >>	HMO \$20	HMO \$30	Formerly HMO\$40	\$20	DHMO\$500	Value Plan	Deductible HMO	PPO \$500	\$750	Plan	(Min Value)	Plan 1
Medical Services Co-Pymts	\$20 DOV; \$100 ER	\$30 DOV; \$100 ER;	\$40 DOV; \$150 ER; \$500/\$1000 Annual Deductible (A/D)	\$20 DOV; \$100 ER	\$20 DOV; \$100 ER; 20% Hospital; \$500/\$1000 A/D; A/D waived for Preventative Care	\$50 DOV Co-pay (after A/D); \$4500/\$9000 A/D; 40% Hospital Co-ins.; \$250 ER; Includes MHN	10% Co-ins. after A/D; \$1500/\$3000 A/D; 10% Co-ins.; Includes MHN	\$500/\$1500 A/D; 90%/10% or 70%/30% Co-Ins.	\$750/\$2250 A/D; 80%/20% or 60%/40% Co-Ins.	\$40 DOV; \$1250/\$3750 A/D; 70%/30% or 50%/50% Co-lns.; 100% Preventive Care	\$35 DOV x 3; \$5900/\$11800 A/D	100% Preventive Care; \$1500/\$3000 A/D; 90%/10% or 70/30% Co-Ins.
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/\$30-B (Pick up or Mail Order)	Through Kaiser ONLY: \$250 OOP Max / Member / calendar year	Through Kaiser ONLY: \$10-G/\$30-B after deductible	Retail: \$10/\$30/\$10+ cost diff between brand & generic when generic "equiv" is avail	Retail: \$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	Retail: \$19/\$50/\$75 Specialty Drugs: 30% co-ins (after A/D)	Retail: \$10/\$30 Mail Order: \$20/\$60 (after A/D)
Attached	Delta PPO	Delta PPO		Delta PPO	Delta PPO	Delta PPO		Delta PPO	Delta PPO	5 to 556 5	Delta PPO	Delta PPO
DENTAL>>	Dental	Dental	Delta PPO Dental	Dental	Dental	Dental	Delta PPO Dental	Dental	Dental	Delta PPO Dental	Dental	Dental
35+ Hours Single	Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00		Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00			Monthly Payroll Deduction \$197.10	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00
EE + Spouse EE + Child(ren)	\$744.78 \$468.79	\$616.76 \$359.06	\$447.78 \$314.33	\$636.02 \$470.95	\$342.07	\$0.00	\$211.22 \$84.77	\$2,838.65	\$2,439.38 \$1,921.31	\$1,467.74 \$1,088.48	\$0.00 \$0.00	\$1,061.20 \$740.00
EE + Family	\$1,151.75	\$971.92	\$214.22 \$734.52	\$922.92	\$203.76 \$522.11	\$0.00 \$0.00	\$343.64	\$2,263.54 \$4,093.13	\$3,532.26	\$2,167.33	\$0.00	\$1,596.23
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	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 \$429.35	\$0.00	\$0.00	\$0.00	\$0.00 \$103.70	\$831.48	\$641.35	\$178.67	\$0.00	\$0.00
EE + Spouse EE + Child(ren)	\$726.35 \$450.36	\$598.33 \$340.63	\$429.35 \$195.79	\$617.59 \$452.52	\$323.64 \$185.33	\$0.00 \$0.00	\$192.79 \$66.34	\$2,820.22 \$2,245.10	\$2,420.95 \$1,902.88	\$1,449.31 \$1,070.05	\$0.00 \$0.00	\$1,042.76 \$721.57
EE + Family	\$1,133.32	\$953.48	\$716.09	\$904.49	\$503.68	\$0.00	\$325.21	\$4,074.70	\$3,513.83	\$2,148.90	\$0.00	\$1,577.80
	MetLife	MetLife		MetLife	MetLife			MetLife	MetLife		MetLife	
	DHMO	DHMO		DHMO	DHMO			DHMO	DHMO		DHMO	
Attached DENTAL>>	(aka Safe Guard)	(aka Safe Guard)	MetLife DHMO (aka Safe Guard)	(aka Safe Guard)	(aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	(aka Safe Guard)	(aka Safe Guard)	MetLife DHMO (aka Safe Guard)	(aka Safe Guard)	MetLife DHMO (aka Safe Guard)
DENTAL	Guaruj	Guaruj	(and sale Gualu)	Guaruj	Guaruj	(and sale Gualu)	(and sale duald)	Guaruj	Guaruj	(and Jule Guard)	Guaruj	(aka Jaie Guard)
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	\$0.00	\$0.00	\$755.66	\$565.54	\$102.85	\$0.00	\$0.00
EE + Spouse	\$669.64	\$541.62	\$372.64	\$560.88	\$266.93	\$0.00	\$136.08	\$2,763.50	\$2,364.24	\$1,392.60	\$0.00	\$986.05
EE + Child	\$393.65	\$283.92	\$139.08	\$395.81	\$128.62	\$0.00	\$0.00	\$2,188.39	\$1,846.16	\$1,013.34	\$0.00	\$664.86
EE + Children EE + Family	\$396.04 \$1,078.99	\$286.31 \$899.16	\$141.47 \$661.76	\$398.20 \$850.16	\$131.00 \$449.35	\$0.00 \$0.00	\$0.00 \$270.89	\$2,190.78 \$4,020.37	\$1,848.55 \$3,459.50	\$1,015.73 \$2,094.58	\$0.00 \$0.00	\$667.25 \$1,523.47
Attached	\$1,078.33 Delta	Delta Delta	Ç001.70	Delta Delta	,	Ç0.00	\$270.83	Ş <del>4</del> ,020.37	<del>-</del> 55, <del>-</del> 55.50	Ç2,057.50	Ş0.00	71,323.47
DENTAL>>  (NO Longer Offered to	Incentive	Incentive	Delta Incentive	Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	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 Single	Deduction \$0.00	Deduction \$0.00	Deduction \$0.00	Deduction \$0.00	Deduction \$0.00	Deduction \$0.00	Deduction \$0.00	Deduction \$848.95	Deduction \$658.82	Deduction \$196.14	Deduction \$0.00	Deduction \$0.00
EE + Spouse	\$743.82			\$635.06	· ·	\$0.00	\$210.26	\$2,837.69	\$2,438.42	\$1,466.78	\$0.00	\$1,060.24
EE + Child(ren)	\$467.83	\$358.10	\$213.26	\$469.99	\$202.80	\$0.00	\$83.81	\$2,262.58	\$1,920.35	\$1,087.52	\$0.00	\$739.04
EE + Family	\$1,150.79	\$970.96	\$733.56	\$921.96	\$521.15	\$0.00	\$342.68	\$4,092.17	\$3,531.30	\$2,166.37	\$0.00	\$1,595.27