

This information is for viewing only. Health Insurance Elections are done using



1 MEDICAL INSURANCE INCLUDING RX. BCBSM	SINGLE	DOUBLE	FAMILY	WEEKLY COST
PLAN A PPO \$2000/\$4000 deductible; + Health Savings Account, Premium Dental, and Vision Coverage included. <i>To contribute to an HSA, make a separate election—your amount will be added to the weekly totals shown.</i>	\$ 18.15	\$ 31.92	\$ 73.52	
PLAN B PPO \$1500/\$3000 deductible; \$15/\$50/ 50% Rx Premium Dental, and Vision Coverage included.	\$ 31.60	\$ 59.46	\$ 109.79	
PLAN C HMO \$2000/\$4000 deductible; + Health Savings Account Premium Dental, and Vision Coverage included. <i>To contribute to an HSA, make a separate election—your amount will be added to the weekly totals shown.</i>	NO COST	NO COST	\$ 27.37	
DECLINE MEDICAL, DENTAL, & VISION COVERAGE (Taxable Cash Alternative) Waiver and Proof of Alternative Coverage Required.	\$ 2,400	\$ 3,300	\$ 4,200	

Plans A & C—Any HSA deduction raises the weekly cost for Plans A & C. Employee contribution limits are \$4,400 for individuals and \$8,750 for families. Employees 55 and older can contribute an additional \$1,000.

2 COMPANY PAID BENEFITS

LIFE INSURANCE OF \$25,000

SHORT-TERM DISABILITY | 60% of base wages up-to \$450 weekly.

TOTAL WEEKLY COST: