		Medical - EPO Plan (In Network Only)						Medical -	ical - HRA Plan (Buy Up)	
	<u>10 month</u>	<u>12 month</u>	Annual Employee <u>Contribution</u>	Deductible	Maximum In-Network <u>Exposure</u>		<u>10 month</u>	<u>12 month</u>	Annual Employee <u>Contribution</u>	Maximum <u>Exposure</u>
Single	30.00	25.00	\$600	\$1,500	\$3,850	Single	120.00	100.00	\$2,400	\$3,150
Parent & Child	78.00	65.00	\$1,560	\$3,000	\$8,060	Parent & Child	240.00	200.00	\$4,800	\$6,300
Two Adults	84.00	70.00	\$1,680	\$3,000	\$8,180	Two Adults	276.00	230.00	\$5,520	\$7,020
Family	96.00	80.00	\$1,920	\$3,000	\$8,420	Family	360.00	300.00	\$7,200	\$8,700

Dental - Value/NAP

	<u>10 month</u>	<u>12 month</u>	Annual Employee <u>Contribution</u>
Single	6.00	5.00	\$120
Parent & Child	12.00	10.00	\$240
Two Adults	12.00	10.00	\$240
Family	24.00	20.00	\$480

	т	Vision The Vision plan is 100% employee funded						
	<u>10 month</u>	<u>12 month</u>	Annual Employee <u>Contribution</u>					
Single	8.17	6.81	\$163.44					
Parent & Child	14.03	11.70	\$280.68					
Two Adults	13.76	11.47	\$275.28					
Family	22.21	18.51	\$444.24					

These rates go into effect on November 1, 2015