

All rates shown below are monthly rates

Medical Rates 2015

ACTIVE											DV Plan (Formerly Plan C)
Coverage Type	Health Plans										
	GPPO (Blue Options 3562)		New PPO (Blue Options 3769)		GHMO (Blue Care 10)		New HMO (Blue Care 58)		GHRA (Blue Options 3359)		
	Employer Paid	Employee Paid	Employer Paid	Employee Paid	Employer Paid	Employee Paid	Employer Paid	Employee Paid	Employer Paid	Employee Paid	
Employee	\$618	\$0	\$572	\$0	\$584	\$0	\$540	\$0	\$580	\$0	\$0
Spouse/Domestic Partner	\$618	\$598	\$572	\$553	\$584	\$584	\$540	\$540	\$580	\$513	\$33.14
Children (1-2)	\$618	\$448	\$572	\$414	\$584	\$444	\$540	\$410	N/A	N/A	\$33.96
Children (3-4)	\$618	\$617	\$572	\$571	\$584	\$602	\$540	\$557	N/A	N/A	\$33.96
Family	\$618	\$740	\$572	\$684	\$584	\$720	\$540	\$666	\$580	\$581	\$73.76

Dental Rates 2015

Coverage Type	Delta Dental	
	Dental PPO	Dental HMO
Employee Only	\$29.46	\$11.96
EE + Spouse/Domestic Partner	\$61.86	\$20.92
EE + Children	\$62.46	\$25.12
EE + Family	\$103.58	\$35.28

Vision Rates 2015

Coverage Type	Cost
Employee Only	\$5.86
Employee + Spouse/Domestic Partner	\$11.74
Employee + Children	\$12.08
Employee + Family	\$16.72

SUPPLEMENTAL LIFE INSURANCE

(1X salary upon hire) \$.277 per \$1,000 of coverage per month

SHORT TERM DISABILITY

(Available only within first 30 days of hire) \$.292 per \$100 of monthly salary per month