

All rates shown below are monthly rates



Medical Rates 2018

Coverage Type								
	PPO (Blue Options 3769)		HMO (Blue Care 58)		HRA (Blue Options 03359)		DV Plan (Waive Medical)	
	Employer Paid	Employee Paid	Employer Paid	Employee Paid	Employer Paid	Employee Paid	Employer Paid	Employee Paid
Employee Only	\$583.00	\$0.00	\$549.00	\$0.00	\$563.00	\$0.00	\$111.00	\$0.00
Employee + Spouse	\$583.00	\$563.00	\$549.00	\$549.00	\$563.00	\$529.00	\$111.00	\$33.14
Employee + Children (1-2)	\$583.00	\$422.00	\$549.00	\$417.00	N/A	N/A	\$111.00	\$33.96
Employee + Children (3-4)	\$583.00	\$582.00	\$549.00	\$567.00	N/A	N/A	\$111.00	\$33.96
Employee + Family	\$583.00	\$695.00	\$549.00	\$677.00	\$563.00	\$599.00	\$111.00	\$73.76

Dental Rates 2018

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 2018

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