

**MEDICAL**

EPO Plan	UA Employee premium		UA Employer premium		Total Premium
	Per Month	Per Pay	Per Month	Per pay	Per month
EE only	\$40	\$20.00	\$619.42	\$309.71	\$659.42
EE + adult	\$119	\$59.50	\$1,272.68	\$636.34	\$1,391.68
EE + child	\$101	\$50.50	\$826.68	\$413.34	\$927.68
Family	\$221	\$110.50	\$1,394.34	\$697.17	\$1,615.34

PPO Plan	UA Employee premium		UA Employer premium		Total Premium
	Per Month	Per Pay	Per Month	Per pay	Per month
EE only	\$102	\$51.00	\$629.58	\$314.79	\$731.58
EE + adult	\$215	\$107.50	\$1,331.26	\$665.63	\$1,546.26
EE + child	\$144	\$72.00	\$890.84	\$445.42	\$1,034.84
Family	\$251	\$125.50	\$1,553.08	\$776.54	\$1,804.08

HSAO Plan	UA Employee premium		UA Employer premium		Total Premium
	Per Month	Per Pay	Per Month	Per pay	Per month
EE only	\$20	\$10.00	\$419.00	\$209.50	\$439.00
EE + adult	\$60	\$30.00	\$868.34	\$434.17	\$928.34
EE + child	\$51	\$25.50	\$567.68	\$283.84	\$618.68
Family	\$111	\$55.50	\$967.42	\$483.71	\$1,078.42

Employer contributions to the employee's HSA: \$60/mo for employee only; \$120/mo for family

**DENTAL**

Delta Dental PPO	UA Employee premium		UA Employer premium		Total premium
	Per Month	Per Pay	Per Month	Per pay	Per month
EE only	\$30.98	\$15.49	\$4.96	\$2.48	\$35.94
EE + adult	\$65.72	\$32.86	\$9.92	\$4.96	\$75.64
EE + child	\$50.56	\$25.28	\$9.92	\$4.96	\$60.48
Family	\$104.56	\$52.28	\$13.70	\$6.85	\$118.26

**Total Dental Administrators HMO**

	UA Employee premium		UA Employer premium		Total premium
	Per Month	Per Pay	Per Month	Per pay	Per month
EE only	\$4.04	\$2.02	\$4.96	\$2.48	\$9.00
EE + adult	\$8.06	\$4.03	\$9.92	\$4.96	\$17.98
EE + child	\$7.60	\$3.80	\$9.92	\$4.96	\$17.52
Family	\$13.28	\$6.64	\$13.70	\$6.85	\$26.98

**VISION**

Avesis	UA Employee premium		UA Employer premium		Total premium
	Per Month	Per Pay	Per Month	Per pay	Per month
EE only	\$4.00	\$2.00	\$0.00	\$0.00	\$4.00
EE + adult	\$12.94	\$6.47	\$0.00	\$0.00	\$12.94
EE + child	\$12.76	\$6.38	\$0.00	\$0.00	\$12.76
Family	\$16.10	\$8.05	\$0.00	\$0.00	\$16.10