

INSURANCE RATES 2019 - January 1 to December 31, 2019				PLAN HDHP-1 Delta Dental	
	Medical & Vision	Dental & Ortho	Total Med/Dent	Employee Portion	Employer Portion
<i>PPP Plan</i>					
Employee Only	573.19	70.18	643.37	64.33	579.04
Employee + Child	1067.08	108.00	1,175.08	117.51	1,057.57
Employee + Children	1,458.34	199.85	1,658.19	165.82	1,519.37
Employee + Spouse	1,219.64	123.43	1,343.07	134.31	1,208.76
Employee + Family	1,682.11	230.51	1,912.62	191.23	1,721.39
<i>Opt Out - Dental Only</i>					
Employee Only		70.18		7.02	63.16
Employee + Child		108.00		10.80	97.20
Employee + Children		199.85		19.99	179.86
Employee + Spouse		123.43		12.34	111.09
Employee + Family		230.51		23.05	207.46