



**EMPLOYEE MONTHLY HEALTH RATES\***  
**JANUARY 1, 2018**

<u>AETNA</u>	<u>EMPLOYEE PAYS</u>
<u>PREMIER HMO</u>	
Employee Only	\$ 0.00
+ One Dependent	610.92
+ Family (2 or more Dependents)	1,073.26
<u>PREMIER PLUS HMO</u>	
Employee Only	\$ 0.00
+ One Dependent	693.29
+ Family (2 or more Dependents)	1,218.65
<u>PREMIER CHOICE HSA</u>	
Employee Only	\$ 0.00
+ One Dependent	405.54
+ Family (2 or more Dependents)	801.67

AETNA KIDS' PLANS			
<u>BASIC PLAN</u>		<u>ENHANCED PLAN</u>	
( 0 – 4 )		( 0 – 4 )	
One Child	\$ 477.36	One Child	\$ 799.28
Two Children	954.74	Two Children	1,598.57
Three or more Children	1,432.10	Three or more Children	2,397.86
( 5 –26 )		( 5 –26 )	
One Child	\$ 207.55	One Child	\$ 347.50
Two Children	415.11	Two Children	695.01
Three or more Children	622.66	Three or more Children	1,042.51

**\*Bi-Weekly paycheck deduction will vary based on payroll calendar.**



**EMPLOYEE MONTHLY DENTAL/VISION RATES\***  
**JANUARY 1, 2018**

DENTAL	<u>COMPBENEFITS (HUMANA)</u>	<u>METLIFE</u>
<b><u>BASIC DHMO PLAN</u></b>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	6.40	7.68
+ Family (2 or more Dependents)	11.56	14.24
<b><u>ENHANCED DHMO PLAN</u></b>		
Employee Only	\$ 0.00	\$ 3.70
+ One Dependent	8.80	14.24
+ Family (2 or more Dependents)	15.56	22.82
<b><u>BASIC PPO PLAN</u></b>		
Employee Only	\$ 22.26	\$ 26.78
+ One Dependent	49.02	64.42
+ Family (2 or more Dependents)	78.70	105.04
<b><u>ENHANCED PPO PLAN</u></b>		
Employee Only	\$ 28.42	\$ 35.49
+ One Dependent	64.34	81.85
+ Family (2 or more Dependents)	106.74	150.37

VISION	<u>AETNA</u>	<u>COMPBENEFITS (HUMANA)</u>
<b><u>BASIC PLAN</u></b>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	4.24	4.94
+ Family (2 or more Dependents)	9.72	10.90
<b><u>ENHANCED PLAN</u></b>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	7.06	7.00
+ Family (2 or more Dependents)	16.28	15.54

**\*Bi-Weekly paycheck deduction will vary based on payroll calendar.**

Health & Kids' Plans on Reverse Side