



2018 Premium Levels
Full Time Benefit Eligible
(Bi-Weekly Active Team Member & Employer Deductions)

Team member health premiums can be reduced by health credits through participating in our free personal health assessment

HEALTH	Coplay Plan		HSA 2000 Plan	
Coverage Level	Team Member	Employer	Team Member	Employer
Employee Only	\$ 74.30	\$ 196.38	\$ 69.24	\$ 182.99
Employee + Spouse	\$ 142.67	\$ 377.08	\$ 132.32	\$ 349.72
Employee + Child(ren)	\$ 127.82	\$ 337.82	\$ 112.10	\$ 296.28
Employee + Family	\$ 196.30	\$ 518.82	\$ 178.15	\$ 470.85
Dental	Comprehensive Plan		Basic Plan	
Coverage Level	Team Member	Team Member		
Employee Only	\$ 11.70	\$ 10.68		
Employee + Spouse	\$ 22.39	\$ 20.18		
Employee + Child(ren)	\$ 25.90	\$ 23.31		
Employee + Family	\$ 42.13	\$ 37.75		
Vision	Full Service		Materials Only	
Coverage Level	Team Member	Team Member		
Employee Only	\$ 2.34	\$ 1.75		
Employee + Spouse	\$ 4.67	\$ 3.51		
Employee + Child(ren)	\$ 4.77	\$ 3.58		
Employee + Family	\$ 7.10	\$ 5.33		