

Full-Time Employee Premiums

2018 Plan Year Benefit Rates

January 1, 2018 - December 31, 2018

Bi-weekly payroll deduction rates

Medical - Traditional	Gold	Silver	Bronze
Employee Only	\$31.90	\$43.69	\$91.30
Employee + Spouse	\$112.20	\$130.23	\$237.49
Employee + Child(ren)	\$85.80	\$99.59	\$148.29
Employee + Family	\$144.10	\$167.26	\$269.39

Medical - Liberty	Gold	Silver	Bronze
Employee Only	\$24.65	\$35.11	\$65.91
Employee + Spouse	\$86.70	\$104.65	\$182.07
Employee + Child(ren)	\$66.30	\$80.03	\$123.67
Employee + Family	\$111.35	\$134.40	\$216.55

Dental	Standard	Enhanced	Premier
Employee Only	\$4.11	\$4.19	\$6.49
Employee + Spouse	\$10.46	\$11.55	\$16.42
Employee + Child(ren)	\$10.56	\$12.60	\$18.00
Employee + Family	\$17.23	\$21.01	\$29.81

Vision	Standard	Premier
Employee Only	\$3.78	\$5.05
Employee + Spouse	\$7.38	\$9.85
Employee + Child(ren)	\$7.94	\$14.64
Employee + Family	\$8.43	\$15.55