



Medical Plan Options - Premera Blue Cross			
\$3500 net \$1000 Deductible	Monthly Premium	\$3500 net \$2000 Deductible	Monthly Premium
Employee Only	\$931.52	Employee Only	\$814.22
Employee & Spouse	\$1,916.89	Employee & Spouse	\$1,682.29
Employee & Children	\$1,694.07	Employee & Children	\$1,459.47
Employee & Family	\$2,585.43	Employee & Family	\$2,350.83
Spouse Only	\$931.52	Spouse Only	\$814.22
Child Only	\$931.52	Child Only	\$814.22
Child(ren)	\$1,694.07	Child(ren)	\$1,459.47
Spouse and Child(ren)	\$1,694.07	Spouse and Child(ren)	\$1,2459.47

\$5000 net \$3500 Deductible	Monthly Premium	\$5500 net \$3500 HDHP Qualified Plan	Monthly Premium
Employee Only	\$719.06	Employee Only	\$734.24
Employee & Spouse	\$1,485.94	Employee & Spouse	\$1,499.05
Employee & Children	\$1,281.25	Employee & Children	\$1,346.10
Employee & Family	\$2,100.06	Employee & Family	\$1,957.91
Spouse Only	\$719.06	Spouse Only	\$734.24
Child Only	\$719.06	Child Only	\$734.24
Child(ren)	\$1,281.25	Child(ren)	\$1,346.10
Spouse and Child(ren)	\$1,281.25	Spouse and Child(ren)	\$1,346.10

Dental Plan Options			
Premera Blue Cross \$2000 Max. Ben.	Monthly Premium	Premera Blue Cross \$1000 Max. Ben.	Monthly Premium
Employee Only	\$53.12	Employee Only	\$38.06
Employee & Spouse	\$113.97	Employee & Spouse	\$81.68
Employee & Children	\$130.71	Employee & Children	\$92.24
Employee & Family	\$189.00	Employee & Family	\$134.02
Spouse Only	\$53.12	Spouse Only	\$38.06
Child Only	\$53.12	Child Only	\$38.06
Child(ren)	\$130.71	Child(ren)	\$92.24
Spouse and Child(ren)	\$130.71	Spouse and Child(ren)	\$92.24

Willamette Dental	Monthly Premium
Composite Rate	\$158.92

Vision Plan	
Vision Service Plan	Monthly Premium
Composite Rate	\$20.88
(for all "tiers")	