



## Medical Plan Options - Premera Blue Cross

<b><i>\$3500 net \$1000 Deductible</i></b>	Monthly Premium	<b><i>\$3500 net \$2000 Deductible</i></b>	Monthly Premium
Employee Only	\$913.25	Employee Only	\$798.25
Employee & Spouse	\$1,879.30	Employee & Spouse	\$1,649.30
Employee & Children	\$1,660.85	Employee & Children	\$1,430.85
Employee & Family	\$2,534.74	Employee & Family	\$2,304.74

<b><i>\$5000 net \$3500 Deductible</i></b>	Monthly Premium	<b><i>\$3500 net \$5500 HDHP Qualified Plan</i></b>	Monthly Premium
Employee Only	\$704.96	Employee Only	\$719.84
Employee & Spouse	\$1,456.8	Employee & Spouse	\$1,469.66
Employee & Children	\$1,256.13	Employee & Children	\$1,319.71
Employee & Family	\$2,058.88	Employee & Family	\$1,919.52

*Must be under age 65 to continue medical coverage*

## Dental Plan Options

<b><i>Premera \$2000 Max. Ben.</i></b>	Monthly Premium	<b><i>Premera \$1000 Max. Ben.</i></b>	Monthly Premium
Employee Only	\$52.08	Employee Only	\$37.31
Employee & Spouse	\$111.74	Employee & Spouse	\$80.08
Employee & Children	\$128.15	Employee & Children	\$90.43
Employee & Family	\$185.29	Employee & Family	\$131.39

<b><i>Willamette Dental</i></b>	Monthly Premium
Composite Rate	\$155.80

<b>Vision Plan</b>	Monthly Premium
Vision Service Plan	\$20.47