Your cost for coverage is deducted from your paycheck. Amounts below are your **bi-weekly employee contributions** (26 deductions per year).

Medical & Prescription Coverage

Coverage tier	Option 1 · PPO		Option 2 · HSA	
	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	$80.34	$89.27	$40.84	$45.38
Employee + Spouse	$185.97	$206.63	$110.30	$122.55
Employee + Child(ren)	$146.88	$163.21	$81.72	$90.79
Employee + Family	$258.24	$286.93	$153.24	$170.26

Wellness rates apply when you (and your spouse, if covered) complete the Healthy Merits preventive exam requirement — see page 17.
Tobacco-use surcharge: $20.00 per pay.

Dental Coverage

Coverage tier	Delta Dental
Employee Only	$9.54
Employee + One	$18.99
Family	$39.51

Vision Coverage

Coverage tier	Basic	Buy-Up
Employee Only	$2.47	$4.06
Employee + One	$3.76	$6.21
Family	$6.75	$11.13

Voluntary Accident & Critical Illness · The Standard

Coverage tier	Accident	Critical Illness
Employee Only	$4.73	Rates based on age and tobacco status
Employee + Spouse	$6.15	
Employee + Child(ren)	$8.15	
Employee + Family	$12.25	