



Benefit Rates (7/1/17-6/30/18)

	Medical (Hometown Health Plan)		
	ER Cost	PPO \$500/\$,1500	
	Month	EE/PP*	EE/Month
Employee Only	\$ 604.89	\$0.00	\$0.00
Employee + Spouse	\$ 753.47	\$173.33	\$ 346.66
Employee + Child(ren)	\$ 713.27	\$126.42	\$ 252.84
Employee + Family	\$ 804.89	\$367.77	\$ 735.54

	Dental (Guardian)		
	ER/Month	EE/PP*	EE/Month
Employee Only	\$38.27	\$0.00	\$0.00
Employee + Spouse		\$19.49	\$38.98
Employee + Child(ren)		\$16.84	\$33.68
Employee + Family		\$39.46	\$78.92

	Vision (VSP)		
	ER/Month	EE/PP*	EE/Month
	\$5.95		\$0.00
		\$1.79	\$3.58
		\$1.88	\$3.76
		\$4.86	\$9.72

	Basic Life Insurance Non-Sworn (EE benefit \$10,000)	
	ER/Month	EE/Month
Employee Only	\$2.10	\$0.00
Voluntary Employee		banded
Family (10,000/vol)		\$1.75

	Basic Life Insurance Sworn (EE benefit \$50,000)	
	ER/Month	EE/Month
	\$10.50	\$0.00
		banded
		\$1.75

*First and second paydays each month.

Voluntary life coverage is per \$10,000; family coverage is \$10,000 for each family member

For Medical County pays 100% employee coverage plus 30% spouse/dependent coverage up to max of \$200

For Dental, Vision County pays 100% of employee only and 0% for spouse/dependent coverage.

*Employee deductions are taken the first two pay periods (PP) of each month.

Employee deductions are pretax.