

The current monthly cost of coverage is as follows and is withheld each month from your paycheck. The Annual Base Salary category for eligible part-time employees is based on their full-time equivalent salary. These costs also apply to all employees who are on an approved leave of absence.

Coverage	Monthly Contribution			
	Annualized Base Pay			
	Less than \$70,000	\$70,000- \$99,999	\$100,000- \$174,999	\$175,000+
Employee Only	\$ 75.76	\$ 101.31	\$ 123.22	\$ 145.12
Employee & Spouse	\$ 179.23	\$ 238.26	\$ 289.78	\$ 341.30
Employee & Child	\$ 166.32	\$ 221.10	\$ 268.91	\$ 316.71
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Employee & Family	\$ 262.17	\$ 352.73	\$ 429.00	\$ 505.27