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 ss 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	$ 105.01	$140.44	$170.80	$201.17
Employee & Spouse	$ 249.19	$331.26	$402.89	$474.51
Employee & Child	$ 231.19	$307.33	$373.79	$440.24
Employee and Children	$ 231.19	$307.33	$373.79	$440.24
Employee & Family	$ 363.75	$489.41	$595.23	$701.05

The Annual Base salary category for eligible part-time employees is based on their full-time equivalent salary.