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	$ 88.35	$ 118.16	$ 143.70	$ 169.25
Employee & Spouse	$ 209.30	$ 278.23	$ 338.39	$ 398.55
Employee & Child	$ 194.66	$ 258.76	$ 314.71	$ 370.66
Employee and Children	$ 194.66	$ 258.76	$ 314.71	$ 370.66
Employee & Family	$ 305.88	$ 411.55	$ 500.53	$ 589.51