

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	\$ 80.72	\$ 107.96	\$ 131.30	\$ 154.64
Employee & Spouse	\$ 191.09	\$ 254.03	\$ 308.95	\$ 363.88
Employee & Child	\$ 177.90	\$ 236.49	\$ 287.63	\$ 338.76
Employee and Children	\$ 177.90	\$ 236.49	\$ 287.63	\$ 338.76
Employee & Family	\$ 279.41	\$ 375.93	\$ 457.21	\$ 538.49