



	Enrollment Tiers			
	EE	ES	EC	EF
Dental Options (Delta Dental)				
\$1000 Annual Max	\$49.49	\$115.33	\$94.43	\$160.24
\$1500 Annual Max	\$51.69	\$120.43	\$99.29	\$168.03
\$2000 Annual Max	\$54.79	\$127.65	\$104.20	\$177.07
\$1000 Annual Max w/ Ortho	\$51.18	\$118.70	\$108.75	\$176.25
\$1500 Annual Max w/ Ortho	\$53.37	\$123.80	\$113.62	\$184.04
\$2000 Annual Max w/ Ortho	\$56.47	\$131.02	\$118.53	\$193.08
Vision Options (VSP Network)				
VSP Plan \$10/\$0	\$12.04	\$19.24	\$18.70	\$34.38
VSP Plan \$10/\$25	\$9.89	\$15.73	\$15.28	\$25.03
Eyemed \$10/\$25	\$8.18	\$17.62	\$14.20	\$23.64
Balanced Care Vision III	\$5.98	\$12.90	\$10.43	\$17.35
Group Life/AD&D (UnitedHealthcare)				
Group Life/AD&D \$10K/\$10K	\$3.26			
Group Life/AD&D \$20K/\$20K	\$6.52			
Group Life/AD&D \$30K/\$30K	\$9.78			
Group Life/AD&D \$40K/\$40K	\$13.03			
Group Life/AD&D \$50K/\$50K	\$16.29			
Additional Benefits				
LifeBalance Program	\$0.90			