FY2017 MONTHLY MEDICAL AND DENTAL RATES*

Full-time Employee (30 - 40 hours per week)

Employer Medical: $1001.00 **Employer Dental: $19.00**

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	$47.00	$119.00	$82.00	$110.00	$149.00	$171.00
Traditional	$58.00	$144.00	$102.00	$133.00	$181.00	$202.00
High Deductible	$38.00	$101.00	$68.00	$92.00	$126.00	$141.00
Dental	$8.24	$38.24	$32.24	$49.24	$54.74	$63.24

Part-time Employee (20 - 29.9 hours per week)

Employer Medical: $837.60 **Employer Dental: $15.16**

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	$210.40	$282.40	$245.40	$273.40	$312.40	$334.40
Traditional	$221.40	$307.40	$265.40	$296.40	$344.40	$365.40
High Deductible	$201.40	$264.40	$231.40	$255.40	$289.40	$304.40
Dental	$12.08	$42.08	$36.08	$53.08	$58.58	$67.08

*Premiums withheld on each paydate pay current month premiums.