				st per Pay	Number of
	Мо	Monthly Cost		Period*	Pay Periods
Employee Only Medical	\$	15.00	\$	9.00	20
Employee plus Spouse Medical	\$	342.00	\$	205.20	20
			\$	157.85	26
Employee plus Child(ren) Medical	\$	270.00	\$	162.00	20
			\$	124.62	26
Employee plus Family Medical	\$	501.00	\$	300.60	20
			\$	231.24	26
Employee Only Basic Dental	\$	5.00	\$	3.00	20
Employee plus Family Basic Dental	\$	53.02	\$	31.82	20
			\$	24.48	26
Employee Only Buy Up Dental	\$	11.66	\$	7.00	20
Employee plus Family Buy Up Dental	\$	70.68	\$	42.41	20
			\$	32.63	26

\*Cost per pay period is based upon 12 months of premiums for July 1, 2014 through June 30, 2015

## Vision Care Cost per Pay Period

			Cost per Pay		Number of
	Mont	hly Cost		Period*	Pay Periods
Employee Only	\$	6.85	\$	4.11	20
Employee plus Spouse	\$	12.93	\$	7.76	20
Employee plus Child(ren)	\$	13.61	\$	8.17	20
Employee plus Family	\$	19.95	\$	11.97	20

\*Cost per pay period is based upon 12 months of premiums for July 1, 2014 through June 30, 2015