

Plan	Employee Premium per Paycheck	Employer Premium per Paycheck
<b>Medical HMO Kaiser</b>		
Employee	\$0.00	\$462.12
Employee + Spouse/ Domestic Partner*	\$244.00	\$772.66
Employee + Child(ren)*	\$203.33	\$720.90
Employee + Family	\$443.64	\$942.72
<b>Medical United Healthcare PPO 250</b>		
Employee	\$0.00	\$683.88
Employee + Spouse/ Domestic Partner*	\$406.22	\$1,098.30
Employee + Child(ren)*	\$270.82	\$960.17
Employee + Family	\$720.81	\$1,399.22
<b>Medical United Healthcare PPO 1500</b>		
Employee	\$0.00	\$583.51
Employee + Spouse/ Domestic Partner*	\$295.22	\$988.34
Employee + Child(ren)*	\$178.53	\$871.66
Employee + Family	\$560.69	\$1,247.98
<b>Medical United Healthcare HDHP w/HSA</b>		
Employee	\$0.00	\$492.44
Employee + Spouse/ Domestic Partner*	\$205.84	\$877.54
Employee + Child(ren)*	\$106.37	\$780.04
Employee + Family	\$427.44	\$1,099.13
<b>Dental MetLife PPO</b>		
Employee	\$0.00	\$22.66
Employee + Spouse/ Domestic Partner*	\$10.64	\$35.10
Employee + Child(ren)*	\$13.60	\$37.92
Employee + Family	\$23.68	\$49.76
<b>Vision VSP</b>		
Employee	\$0.00	\$8.49
Employee + Spouse/ Domestic Partner*	\$2.81	\$11.74
Employee + Child(ren)*	\$2.88	\$11.97
Employee + Family	\$6.99	\$16.96

**Imputed Income:** Domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partner coverage, will be subject to imputed income for the employee.