

**Non Board-Approved Full-Time Employees
 FT Hourly Employees of The Hotel
 FT Truck Driving Facilitators
 195-Day Employees
 FY18 Rates**

Premiums are deducted a month in advance. For example, July premiums are deducted in June. Premiums are deducted twice per month, on the first two checks of the month for months with 3 payroll runs.

Employees can opt out of insurance entirely or select any of the options available (medical only, dental only, vision only, dental and vision, etc.)

Plan	Coverage	Premium deducted per pay period (twice/month)
HMO Essential	Employee Only	22.40
HMO Essential	Employee+Spouse	255.40
HMO Essential	Employee+Child(ren)	223.40
HMO Essential	Family	483.40
PPO Choice	Employee Only	72.90
PPO Choice	Employee+Spouse	359.40
PPO Choice	Employee+Child(ren)	319.90
PPO Choice	Family	638.40
PPO Premier	Employee Only	100.40
PPO Premier	Employee+Spouse	414.40
PPO Premier	Employee+Child(ren)	370.90
PPO Premier	Family	721.40
Delta Dental	Single	5.25
Delta Dental	Single+1	25.25
Delta Dental	Family	40.25
Vision Service Plan	Single	1.13
Vision Service Plan	Family	6.63