

**2018–2019 EMPLOYEE BENEFITS COST PER PAY PERIOD**

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<b>CDPHP HEALTH INSURANCE</b>						
	<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>	<b>PLAN 5</b>	<b>PLAN 6</b>
Employee	\$172.00	\$113.00	\$74.00	\$56.00	\$30.00	10.00
EE + Spouse	\$344.00	\$217.00	\$138.00	\$103.00	\$60.00	\$20.00
EE + Child(ren)	\$308.50	\$199.50	\$128.50	\$97.50	\$52.50	\$15.50
EE+ Family	\$503.00	\$313.00	\$206.00	\$157.00	\$83.00	\$25.00

<b>EMPIRE DENTAL INSURANCE</b>			
	<b>BRONZE</b>	<b>SILVER</b>	<b>GOLD</b>
Employee	6.85	12.58	17.62
EE + Spouse	15.82	30.11	42.19
EE + Child(ren)	15.60	27.47	38.37
EE+ Family	23.57	42.94	60.22

<b>EMPIRE BLUE VIEW VISION</b>		
	<b>BASIC</b>	<b>ENHANCED</b>
Employee	\$2.02	\$3.74
EE + Spouse	\$4.03	\$7.49
EE + Child(ren)	\$3.63	\$6.73
EE+ Family	\$6.05	\$11.22