

CENTRAL OFFICE

Effective July 1, 2017 the costs to you on a monthly basis
for each of the benefit components available are:

| Medical/Prescription | | | |
|-----------------------------|-------------------|-----------------------|-----------------------|
| | TOTAL COST | EMPLOYER COSTS | EMPLOYEE COSTS |
| Single | \$ 846.97 | \$ 660.61 | \$ 186.36 |
| Employee + 1 | \$ 1,815.39 | \$ 1,415.99 | \$ 399.40 |
| Family | \$ 2,351.01 | \$ 1,833.77 | \$ 517.24 |

| Dental | | | |
|---------------|-------------------|-----------------------|-----------------------|
| | TOTAL COST | EMPLOYER COSTS | EMPLOYEE COSTS |
| Single | \$ 45.56 | \$ 35.52 | \$ 10.04 |
| Employee + 1 | \$ 82.49 | \$ 64.33 | \$ 18.16 |
| Family | \$ 132.13 | \$ 103.05 | \$ 29.08 |