

BENEFITS**EMPLOYEE PER CHECK****VEBA/HSA Contribution**

	<u># of</u>	<u>HIGH DED</u>	<u>HIGH DED</u>	<u>HIGH DED</u>	<u>DENTAL</u>	<u>HIGH DED</u>	<u>HIGH DED</u>	<u>HIGH DED</u>
	<u>Deductions</u>	<u>1,200/2,400</u>	<u>2,600/5,200</u>	<u>5,000/10,000</u>		<u>1,200/2,400</u>	<u>2,600/5,200</u>	<u>5,000/10,000</u>
PSA	26							
Employee		120.35	48.42	0.00	0.94	1,000.00	1,300.00	1,500.00
Employee +1		340.31	199.03	55.98		2,000.00	2,300.00	2,600.00
Family		712.27	508.88	298.33		2,000.00	2,300.00	2,600.00
PSA	18							
Employee		173.84	69.93	0.00	1.36	1,000.00	1,300.00	1,500.00
Employee +1		491.56	287.49	80.86		2,000.00	2,300.00	2,600.00
Family		1028.84	735.04	430.92		2,000.00	2,300.00	2,600.00