

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

		<b><u>HIGH DED</u></b>	<b><u>HIGH DED</u></b>	<b><u>HIGH DED</u></b>	<b><u>DENTAL</u></b>	<b><u>HIGH DED</u></b>	<b><u>HIGH DED</u></b>	<b><u>HIGH DED</u></b>
	# of Deductions	<b><u>1,200/2,400</u></b>	<b><u>2,600/5,200</u></b>	<b><u>5,000/10,000</u></b>		<b><u>1,200/2,400</u></b>	<b><u>2,600/5,200</u></b>	<b><u>5,000/10,000</u></b>
<b>Related Services</b>	26							
Employee		177.38	108.19	40.73	5.56	1,000.00	1,300.00	1,500.00
Employee +1		438.27	299.73	159.42		2,000.00	2,300.00	2,600.00
Family		810.23	609.58	401.77		2,000.00	2,300.00	2,600.00
<b>Related Services</b>	18							
Employee		256.22	156.28	58.83	8.03	1,000.00	1,300.00	1,500.00
Employee +1		633.06	432.94	230.28		2,000.00	2,300.00	2,600.00
Family		1170.33	880.50	580.33		2,000.00	2,300.00	2,600.00