

BENEFITS**ANNUAL INSURANCE COSTS:**

DEDUCTIBLE	<u>300/600</u>	<u>HIGH DED</u> <u>5,000/10,000</u>	<u>HIGH DED</u> <u>2,600/5,200</u>	<u>HIGH DED</u> <u>1,200/2,400</u>	<u>DENTAL</u> <u>INS.</u>
Employee	8,400.00	4,872.00	6,228.00	7,620.00	955.80
Employee +1	17,148.00	9,948.00	12,768.00	15,552.00	
Family	25,548.00	14,820.00	18,996.00	23,028.00	

MONTHLY INSURANCE COSTS:

	<u>300/600</u>	<u>HIGH DED</u> <u>5,000/10,000</u>	<u>HIGH DED</u> <u>2,600/5,200</u>	<u>HIGH DED</u> <u>1,200/2,400</u>	<u>DENTAL</u> <u>INS.</u>
Employee	700.00	406.00	519.00	635.00	79.65
Employee +1	1,429.00	829.00	1,064.00	1,296.00	
Family	2,129.00	1,235.00	1,583.00	1,919.00	