

Benefit Plan	Monthly Teammate Premium	Monthly Teammate Premium
Medical Full-time Monthly Rates (30 scheduled hours or greater per week)	Health Savings PLAN	Co-Pay PLAN
Teammate	\$54.17	\$124.58
Teammate + Spouse	\$281.67	\$390.00
Teammate + Working Spouse	\$353.17	\$461.50
Teammate + Children	\$195.00	\$303.33
Family	\$390.00	\$520.00
Family with Working Spouse	\$461.50	\$591.50
Tobacco Rates		
Teammate	\$61.90	\$142.38
Teammate + Spouse	\$331.47	\$458.96
Teammate + Working Spouse	\$405.16	\$530.46
Teammate + Children	\$230.45	\$358.48
Family	\$457.53	\$610.04
Family with Working Spouse	\$531.42	\$681.54
Medical Part-time Monthly Rates (24-29 scheduled hours per week)	Health Savings PLAN	Co-Pay PLAN
Teammate	\$76.19	\$175.24
Teammate + Spouse	\$346.93	\$480.37
Teammate + Working Spouse	\$421.29	\$551.87
Teammate + Children	\$242.27	\$376.87
Family	\$477.79	\$637.06
Family with Working Spouse	\$552.40	\$708.56
Tobacco Rates		
Teammate	\$88.10	\$202.62
Teammate + Spouse	\$408.76	\$565.98
Teammate + Working Spouse	\$485.83	\$637.48
Teammate + Children	\$286.59	\$445.81
Family	\$563.90	\$751.86
Family with Working Spouse	\$641.55	\$823.36
Dental Full-time Monthly Rates (30 scheduled hours or greater per week)		
Teammate	\$19.50	
Teammate + Spouse	\$56.33	
Teammate + Children	\$67.17	
Family	\$95.33	
Dental Part-time Monthly Rates (24-29 scheduled hours per week)		
Teammate	\$26.00	
Teammate + Spouse	\$67.17	
Teammate + Children	\$84.50	
Family	\$119.17	
Vision – Full & Part-time Monthly Rates		
Teammate	\$12.46	
Teammate + One Dependent	\$23.77	
Teammate + 2 or More Dependents	\$35.60	