

**November 1<sup>st</sup> through October 31<sup>st</sup>**

**Monthly Medical Benefit Rates**

Plans	Premium
Employee Only (non-tobacco)	\$0
Employee Only (tobacco user)	\$100
Employee & Child (non-tobacco)	\$220
Employee & Child (tobacco user)	\$320
Employee & Spouse (non-tobacco)	\$295
Employee & Spouse (tobacco user)	\$395
Employee & Family (non-tobacco)	\$460
Employee & Family (tobacco user)	\$560

**Monthly Dental Rates**

Plans	Premium
Employee Only	\$12
Employee & Child	\$20
Employee & Spouse	\$20
Employee & Family	\$32