

## Medical

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BCBSND NDPHIT BlueAd	Total Monthly Premium	<b>Employee Monthly</b>	<b>Employer Monthly</b>	Weekly	Bi-Weekly	Semi-Monthly	Monthly
Employee	\$602.58	\$0.00	\$602.58	\$0.00	\$0.00	\$0.00	\$0.00
Employee+Spouse	\$1,747.52	\$286.24	\$1,461.28	\$66.06	\$132.11	\$143.12	\$286.24
Employee +Child	\$1,566.75	\$241.04	\$1,325.71	\$55.62	\$111.25	\$120.52	\$241.04
Employee+Children	\$1,566.75	\$241.04	\$1,325.71	\$55.62	\$111.25	\$120.52	\$241.04
Employee+Family	\$2,109.09	\$376.63	\$1,732.46	\$86.91	\$173.83	\$188.32	\$376.63

## Dental

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<b>MetLife Dental Low Plan</b>	Total Monthly Premium	<b>Employee Monthly</b>	Employer Monthly	Weekly	Bi-Weekly	Semi-Monthly	Monthly
Employee	\$34.50	\$0.00	\$34.50	\$0.00	\$0.00	\$0.00	\$0.00
Employee+Spouse	\$68.89	\$34.39	\$34.50	\$7.94	\$15.87	\$17.20	\$34.39
Employee +Child	\$69.77	\$35.27	\$34.50	\$8.14	\$16.28	\$17.64	\$35.27
Employee+Children	\$69.77	\$35.27	\$34.50	\$8.14	\$16.28	\$17.64	\$35.27
Employee+Family	\$110.70	\$76.20	\$34.50	\$17.58	\$35.17	\$38.10	\$76.20

All Classes

MetLife Dental High Plar	Total Monthly Premium	Employee Monthly	Employer Monthly	Weekly	Bi-Weekly	Semi-Monthly	Monthly
Employee	\$42.24	\$0.00	\$42.24	\$0.00	\$0.00	\$0.00	\$0.00
Employee+Spouse	\$84.22	\$41.98	\$42.24	\$9.69	\$19.38	\$20.99	\$41.98
Employee +Child	\$94.40	\$52.16	\$42.24	\$12.04	\$24.07	\$26.08	\$52.16
Employee+Children	\$94.40	\$52.16	\$42.24	\$12.04	\$24.07	\$26.08	\$52.16
Employee+Family	\$146.05	\$103.81	\$42.24	\$23.96	\$47.91	\$51.91	\$103.81

## Vision

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MetLife Voluntary Vision Total I	Monthly Premium Employee Month	nly Employer Monthly	Weekly	Bi-Weekly	Semi-Monthly	Monthly
Employee \$7.78	\$0.00	\$7.78	\$0.00	\$0.00	\$0.00	\$0.00
Employee+Spouse \$15.59	\$7.81	\$7.78	\$1.80	\$3.60	\$3.91	\$7.81
Employee +Child \$13.20	\$5.42	\$7.78	\$1.25	\$2.50	\$2.71	\$5.42
Employee+Children \$13.20	\$5.42	\$7.78	\$1.25	\$2.50	\$2.71	\$5.42