



Benefits Plan Information

Medical Benefit Costs: (Per Week)	
Single:	
	\$59.20
Employee/Spouse	
	\$169.58
Employee/Children	
	\$147.30
Family	
	\$223.03

Dental Benefit Costs: (Per Week)	
Single:	
	\$1.61
Employee/Spouse	
	\$2.95
Employee/Children	
	\$3.86
Family	
	\$6.04

Vision Benefit Costs: (Per Week)	
Single:	
	\$1.56
Employee/Spouse	
	\$3.14
Employee/Children	
	\$2.66
Family	
	\$4.38