

**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)	\$50
Employee & Child (non-tobacco)	\$204
Employee & Child (tobacco user)	\$254
Employee & Spouse (non-tobacco)	\$275
Employee & Spouse (tobacco user)	\$325
Employee & Family (non-tobacco)	\$427
Employee & Family (tobacco user)	\$477

**Monthly Dental Rates**

Plans	Premium
Employee Only	\$3
Employee & Child	\$5
Employee & Spouse	\$5
Employee & Family	\$8