



Vision Plan Options	EHP Vision Plan (weekly employee deduction amount)
Employee only	\$1.76
Employee and Child(ren)	\$3.18
Employee & Spouse / Domestic Partner	\$3.53
Employee & Family	\$5.30

*DPC= Direct Primary Care

Medical Plan Options	EHP MEDICAL PLAN- (weekly cost before benefits allowance is applied)	INTRASTAFF EMPLOYEE (this is your weekly payroll deduction)
PPO & DPC*		
Employee	\$175.62	\$56.20
Employee and Child(ren)	316.12	196.70
Employee & Spouse / Domestic Partner	351.25	231.82
Employee & Family	526.87	407.45
EPO		
Employee	167.66	53.65
Employee and Child(ren)	301.78	187.78
Employee & Spouse / Domestic Partner	335.32	221.31
Employee & Family	502.97	388.96

Dental Plan Options	Comprehensive (weekly employee deduction)	High Option (weekly employee deduction)
Employee only	\$5.14	\$8.51
Employee and Child(ren)	\$10.27	\$17.12
Employee & Spouse	\$14.12	\$23.54
Employee & Family	\$15.41	\$25.69