



Vision Plan Options	EHP Vision Plan (weekly employee cost)
Employee only	\$1.73
Employee and Child(ren)	\$3.11
Employee & Spouse / Domestic Partner	\$3.46
Employee & Family	\$5.18

Medical Plan Options	EHP MEDICAL PLAN- (weekly cost before benefits allowance is applied)	INTRASTAFF EMPLOYEE MEDICAL PLAN (weekly employee cost)
PPO		
Employee	\$162.58	\$65.03
Employee and Child(ren)	\$292.64	\$195.09
Employee & Spouse / Domestic Partner	\$325.15	\$227.61
Employee & Family	\$487.73	\$390.18
EPO		
Employee	\$155.20	\$62.08
Employee and Child(ren)	\$279.36	\$186.24
Employee & Spouse / Domestic Partner	\$310.40	\$217.28
Employee & Family	\$465.60	\$372.48

Dental Plan Options	Comprehensive (weekly employee cost)	High Option (weekly employee cost)
Employee only	\$4.88	\$8.13
Employee and Child(ren)	\$9.76	\$16.27
Employee & Spouse / Domestic Partner	\$13.42	\$22.36
Employee & Family	\$14.64	\$24.40