



EMPLOYEE WEEKLY INSURANCE COSTS

	Medical	Dental	Vision
Employee Only	\$58.22	\$7.86	\$2.02
Employee + Children	\$122.26	\$26.04	\$6.10
Employee + Spouse	\$116.44	\$16.87	\$3.64
Employee + Family	\$180.48	\$26.04	\$6.10