

## 2016-17 Insurance Premium Rates

	Active Care 1-HD		Active Care Select		Active Care 2	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
Employee Only	\$ 116.00	\$ 1,392.00	\$ 259.00	\$ 3,108.00	\$ 420.00	\$ 5,040.00
Employee & Spouse	\$ 689.00	\$ 8,268.00	\$ 922.00	\$ 11,064.00	\$ 1,327.00	\$ 15,924.00
Employee & Children	\$ 390.00	\$ 4,680.00	\$ 554.00	\$ 6,648.00	\$ 817.00	\$ 9,804.00
Employee & Family	\$ 1,006.00	\$ 12,072.00	\$ 1,136.00	\$ 13,632.00	\$ 1,372.00	\$ 16,464.00

Dental Rates					
	High Plan		Low Plan		
	Monthly	Annual	Monthly	Annual	
Employee Only	\$ 33.24	\$ 398.88	\$ 21.55	\$ 258.60	
Employee & Spouse	\$ 76.91	\$ 922.92	\$ 49.87	\$ 598.44	
Employee & Children	\$ 76.12	\$ 913.44	\$ 44.96	\$ 539.52	
Employee & Family	\$ 111.79	\$ 1,341.48	\$ 69.51	\$ 834.12	

Vision Rates					
	High Plan		Low Plan		
	Monthly	Annual	Monthly	Annual	
Employee Only	\$ 11.26	\$ 135.12	\$ 8.56	\$ 102.72	
Employee +1	\$ 16.32	\$ 195.84	\$ 12.37	\$ 148.44	
Employee & Family	\$ 29.26	\$ 351.12	\$ 22.16	\$ 265.92	

Other Deductions	ATPE
	Lincoln Life *
	Texas Life**
	Disability **
	Cancer **
	Medical Reimbursement (Flex) **
	American Funds Annuity **

\*All 1/2 time or more employees are covered under our group term life insurance at no cost. Employee may choose to add additional coverage

\*\* These Benefits are offered through First Financial