

Dual Option Plans: Vermont Health Partnership (VHP) or 250 Comprehensive

Plan Level	Plan Premium	Employer Portion 82%	Employee Portion 18.0%	26 Pay Deduction
Single	6,536	5,359.52	1,176.48	\$45.25
2 Person	12,848	10,535.36	2,312.64	\$88.95
Family	17,224	14,123.68	3,100.32	\$119.24

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Plan Level	Plan Premium	Employer Portion	Employee Portion	26 Pay Deduction
Single	7,484	5,490.24	1,993.76	\$76.68
2 Person	14,754	10,792.32	3,961.68	\$152.37
Family	19,841	14,468.16	5,372.84	\$206.65

Dental

	Annual Premium	Employer Portion	Employee Portion	26 Pay Deduction
Single	442.20	442.2	0.00	0.00
Family	1,340.52	570	770.52	29.64
	Per month			
	36.85			
	111.71			

Flexible Spending Arrangement Fee

No Cost to Employee