

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

Plan Level	Plan Premium	Employer Portion 85%	Employee Portion 15.0%	21 Pay Deduction	26 Pay Deduction
Single	6,536	5,555.60	980.40	\$46.69	\$37.71
2 Person	12,848	10,920.80	1,927.20	\$91.77	\$74.12
Family	17,224	14,640.40	2,583.60	\$123.03	\$99.37

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Plan Level	Plan Premium	Employer Portion	Employee Portion	21 Pay Deduction	26 Pay Deduction
Single	7,484	5,490.24	1,993.76	\$94.94	\$76.68
2 Person	14,754	10,792.32	3,961.68	\$188.65	\$152.37
Family	19,841	14,468.16	5,372.84	\$255.85	\$206.65

Dental

	Annual Premium	Employer Portion	Employee Portion	21 Pay Deduction	26 Pay Deduction
Single	442.20	281	161.20	7.68	6.20
Family	1,340.52	570	770.52	36.69	29.64
	Per month				
	36.85				
	111.71				

Flexible Spending Arrangement Fee

No Cost to Employee