

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

Plan Level	Plan Premium	Employer Portion	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

**JY MB**

Plan Level	Plan Premium	Employer Portion	Employee Portion	26 Pay Deduction
Single	7,484	5,359.52	2,124.48	\$81.71
2 Person	14,754	10,535.36	4,218.64	\$162.26
Family	19,841	14,123.68	5,717.32	\$219.90

**Cash Option**

If you are covered under and intend to keep another medical insurance plan and opt not to take ours, the following will happen:

1. You will be entitled to a Cash Option in lieu of health coverage
2. You must show proof of existing alternate coverage.
3. You will elect the level of your Cash Option (Sng, 2P, Fam) on the Flex Spend form annually
4. The payment will be made in (2) two equal installments (Dec, Apr)
5. These payments are subject to all PR taxes and includable in your Gross Income.

Single	2 Person	Family
1,000.00	1,900.00	2,500.00

**Dental**

	Annual Premium	Employer Portion	Employee Portion	26 Pay Deduction
Single	442.20	281	161.20	6.20
Family	1,340.52	570	770.52	29.64

Per month  
36.85  
111.71

<b>Flexible Spending Arrangement Fee</b>	Employee \$33.00	26 Pay Deduction \$1.27
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