

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

Plan Level	Plan Premium	Employer Portion 84%	Employee Portion 16.0%	21 Pay Deduction	26 Pay Deduction
Single	6,536	5,490.24	1,045.76	\$49.80	\$40.22
2 Person	12,848	10,792.32	2,055.68	\$97.89	\$79.06
Family	17,224	14,468.16	2,755.84	\$131.23	\$105.99

**JY MB**

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