



Vision Plan Options	EHP Vision Plan (weekly employee deduction amount)
Employee only	\$1.94
Employee and Child(ren)	\$3.49
Employee & Spouse / Domestic Partner	\$3.88
Employee & Family	\$5.74

*DPC= Direct Primary Care

Medical Plan Options	EHP MEDICAL PLAN- (weekly cost before benefits allowance is applied)	INTRASTAFF EMPLOYEE (this is your weekly payroll deduction)
PPO & DPC*		
Employee	\$198.86	\$63.61
Employee and Child(ren)	\$357.95	\$222.70
Employee & Spouse / Domestic Partner	\$397.72	\$262.47
Employee & Family	\$596.58	\$461.33
EPO		
Employee	\$189.60	\$60.60
Employee and Child(ren)	\$341.71	\$212.71
Employee & Spouse / Domestic Partner	\$379.68	\$250.68
Employee & Family	\$569.52	\$440.52

Dental Plan Options	Comprehensive (weekly employee deduction)	High Option (weekly employee deduction)
Employee only	\$5.24	\$8.68
Employee and Child(ren)	\$10.48	\$17.46
Employee & Spouse	\$14.40	\$24.01
Employee & Family	\$15.72	\$26.20