

Inspection Center Full-Time Costs

2016 Plan Year Benefit Rates

January 1, 2016 - December 31, 2016

Bi-weekly payroll deduction rates

Medical - Traditional	Wellness GOLD	Wellness SILVER	Wellness BRONZE
Employee Only	\$0.00	\$10.01	\$44.04
Employee + Spouse	\$73.00	\$87.28	\$174.52
Employee + Child(ren)	\$49.00	\$59.92	\$111.01
Employee + Family	\$102.00	\$120.34	\$215.31

Medical - Liberty	Wellness GOLD	Wellness SILVER	Wellness BRONZE
Employee Only	\$0.00	\$10.46	\$41.26
Employee + Spouse	\$62.05	\$80.00	\$157.42
Employee + Child(ren)	\$41.65	\$55.38	\$99.02
Employee + Family	\$86.7	\$109.75	\$191.90

Dental - Full-Time	High Plan	Low Plan
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$8.54	\$6.68
Employee + Child(ren)	\$9.84	\$6.82
Employee + Family	\$19.81	\$13.91

Vision	
Employee Only	\$0.00
Employee + Spouse	\$3.60
Employee + Child(ren)	\$4.16
Employee + Family	\$4.65