

# 2018-2019 INSURANCE RATES

	BLUE CROSS BLUE SHIELD	PRINCIPAL DENTAL	PRINCIPAL VISION
<b>WEEKLY</b>			
EMPLOYEE ONLY	\$4.84	\$5.35	\$1.74
EMPLOYEE & SPOUSE	\$54.30	\$10.90	\$3.57
EMPLOYEE & CHILDREN	\$38.55	\$13.02	\$3.74
EMPLOYEE & FAMILY	\$72.83	\$18.58	\$5.97
<b>BI-WEEKLY</b>			
EMPLOYEE ONLY	\$9.67	\$10.71	\$3.48
EMPLOYEE & SPOUSE	\$108.61	\$21.80	\$7.15
EMPLOYEE & CHILDREN	\$77.09	\$26.04	\$7.48
EMPLOYEE & FAMILY	\$145.66	\$37.17	\$11.95
<b>MONTHLY</b>			
EMPLOYEE ONLY	\$20.96	\$23.20	\$7.53
EMPLOYEE & SPOUSE	\$235.32	\$47.24	\$15.49
EMPLOYEE & CHILDREN	\$167.03	\$56.41	\$16.20
EMPLOYEE & FAMILY	\$315.59	\$80.53	\$25.89
<b>COBRA</b>			
EMPLOYEE ONLY	\$427.50	\$27.64	\$9.50
EMPLOYEE & SPOUSE	\$1,043.59	\$56.28	\$20.46
EMPLOYEE & CHILDREN	\$740.75	\$67.20	\$16.62
EMPLOYEE & FAMILY	\$1,399.57	\$95.94	\$27.72