

**PEA MONTHLY HEALTH INSURANCE PREMIUMS AS OF 07/01/2018\***

	<b>HORIZON PPO</b>	<b>HORIZON OMNIA</b>	<b>NEW OXFORD</b>	<b>OLD OXFORD</b>
<b>SINGLE</b>	\$1,010.28	\$764.62	\$767.36	\$750.44
<b>P/C</b>	\$1,950.36	\$1,476.21	\$1,382.92	\$1,352.43
<b>H/W</b>	\$2,742.36	\$2,075.59	\$1,392.84	\$1,362.11
<b>FAMILY</b>	\$2,742.36	\$2,075.59	\$2,210.61	\$2,161.82

	<b>DENTAL-OPTION</b>	<b>DENTAL-CHOICE</b>	<b>VISION</b>
<b>SINGLE</b>	\$34.54	\$18.76	\$4.58
<b>P/C</b>	\$70.80	\$38.46	\$11.46
<b>H/W</b>	\$72.53	\$39.40	\$11.46
<b>FAMILY</b>	\$113.98	\$61.92	\$11.46

	<b>PRESCRIPTION*</b>
<b>SINGLE</b>	\$224.88
<b>P/C</b>	\$371.04
<b>H/W</b>	\$472.23
<b>FAMILY</b>	\$539.70

\* RATES SUBJECT TO CHANGE 1/1/19