FT2

HMO Illinois			
	Employee	Employer	Total
Single	$126.73	$848.08	$974.81
E+SP	$1150.27	$848.08	$1,998.35
E+ 1CH	$516.66	$848.08	$1,364.74
E+ 2+CH	$1062.56	$848.08	$1,910.64
FAMILY	$2076.35	$848.08	$2,924.43

SPD Bi-Weekly Payroll			
	Employee	Employer	Total
Single	$58.49	$391.42	$449.91
E+SP	$530.89	$391.42	$922.32
E+ 1CH	$238.46	$391.42	$629.88
E+ 2+CH	$490.41	$391.42	$881.83
FAMILY	$958.31	$391.42	$1,349.74

HMO Blue Advantage			
	Employee	Employer	Total
Single	$126.93	$849.48	$976.41
E+SP	$1152.16	$849.48	$2,001.64
E+ 1CH	$517.50	$849.48	$1,366.98
E+ 2+CH	$1064.28	$849.48	$1,913.76
FAMILY	$2079.75	$849.48	$2,929.23

SPD Bi-Weekly Payroll			
	Employee	Employer	Total
Single	$58.58	$392.07	$450.65
E+SP	$531.77	$392.07	$923.83
E+ 1CH	$238.85	$392.07	$630.91
E+ 2+CH	$491.21	$392.07	$883.27
FAMILY	$959.89	$392.07	$1,351.95

Dental with Ortho			
	Employee	Employer	Total
Single	$5.98	$40.00	$45.98
E+SP	$51.96	$40.00	$91.96
E+ 1CH	$24.36	$40.00	$64.36
E+ 2+CH	$45.97	$40.00	$85.97
FAMILY	$88.44	$40.00	$128.44

SPD Bi-Weekly Payroll			
	Employee	Employer	Total
Single	$2.76	$18.46	$21.22
E+SP	$23.98	$18.46	$42.44
E+ 1CH	$11.24	$18.46	$29.70
E+ 2+CH	$21.22	$18.46	$39.68
FAMILY	$40.82	$18.46	$59.28

Vision Gold Managed Plan			
	Employee	Employer	Total
Single	$0.90	$6.01	$6.91
E+SP	$6.88	$6.01	$12.89
E+ 1CH	$6.88	$6.01	$12.89
E+ 2+CH	$14.26	$6.01	$20.27
FAMILY	$14.26	$6.01	$20.27

SPD Bi-Weekly Payroll			
	Employee	Employer	Total
Single	$0.41	$2.77	$3.19
E+SP	$3.17	$2.77	$5.95
E+ 1CH	$3.17	$2.77	$5.95
E+ 2+CH	$6.58	$2.77	$9.36
FAMILY	$6.58	$2.77	$9.36