

INTEGRIS

2018 Benefit Plans

Employee Net Cost per Pay Period – Less than \$32,500 Annually

Full-Time Medical Plan and Buy-up Options	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic Metro	\$29.85	\$81.42	\$48.85	\$102.59
With 1 Premium Discount	\$14.85	\$66.42	\$33.85	\$ 87.59
With 2 Premium Discount	N/A	\$51.42	N/A	\$ 72.59
Basic Regional	\$37.08	\$131.23	\$98.42	\$177.16
With 1 Premium Discount	\$22.08	\$116.23	\$83.42	\$162.16
With 2 Premium Discounts	N/A	\$101.23	N/A	\$147.16
Optional Buy-up Pricing				
\$900 Deductible	\$13.46	\$26.92	\$26.92	\$40.38
\$500 Deductible	\$28.85	\$57.69	\$57.69	\$86.54
Copay	\$6.75	\$16.87	\$12.15	\$18.22
Prescription Drug	\$6.75	\$13.49	\$12.15	\$18.22

Regular Part-Time Medical Plan and Buy-up Options	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic Metro	\$222.55	\$390.82	\$346.85	\$446.99
With 1 Premium Discount	\$207.55	\$375.82	\$331.85	\$431.99
With 2 Premium Discounts	N/A	\$360.82	N/A	\$416.99
Basic Regional	\$234.79	\$393.69	\$354.32	\$465.04
With 1 Premium Discount	\$219.79	\$378.69	\$339.32	\$450.04
With 2 Premium Discounts	N/A	\$363.69	N/A	\$435.04
Optional Buy-up Pricing				
\$900 Deductible	\$13.46	\$26.92	\$26.92	\$40.38
\$500 Deductible	\$28.85	\$57.69	\$57.69	\$86.54
Copay	\$6.75	\$16.87	\$12.15	\$18.22
Prescription Drug	\$6.75	\$13.49	\$12.15	\$18.22

Dental Plans		Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Comprehensive	Full-Time	\$6.90	\$22.42	\$31.04	\$43.12
	Regular Part-Time	\$12.84	\$28.36	\$36.98	\$49.06
Limited	Full-Time	\$0.00	\$4.78	\$7.28	\$9.41
	Regular Part-Time	\$5.94	\$10.72	\$13.22	\$15.35

Vision Plans	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Full-Time or Regular Part-Time	\$4.63	\$7.48	\$7.67	\$12.29

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2018 Benefit Plans

Employee Net Cost per Pay Period – \$32,500 to \$73,500 Annually

Full-Time Medical Plan and Buy-up Options	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic Metro	\$33.76	\$95.67	\$70.91	\$129.16
With 1 Premium Discount	\$18.76	\$80.67	\$55.91	\$114.16
With 2 Premium Discounts	N/A	\$65.67	N/A	\$ 99.16
Basic Regional	\$48.05	\$150.40	\$120.32	\$195.52
With 1 Premium Discount	\$33.05	\$135.40	\$105.32	\$180.52
With 2 Premium Discounts	N/A	\$120.40	N/A	\$165.52
Optional Buy-up Pricing				
\$900 Deductible	\$13.46	\$26.92	\$26.92	\$40.38
\$500 Deductible	\$28.85	\$57.69	\$57.69	\$86.54
Copay	\$ 7.73	\$20.40	\$16.20	\$24.30
Prescription Drug	\$ 9.51	\$20.21	\$14.98	\$22.47

Regular Part-Time Medical Plan and Buy-up Options	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic Metro	\$247.62	\$410.81	\$364.67	\$486.22
With 1 Premium Discount	\$232.62	\$395.81	\$349.67	\$471.22
With 2 Premium Discounts	N/A	\$380.81	N/A	\$456.22
Basic Regional	\$256.23	\$412.21	\$370.99	\$503.84
With 1 Premium Discount	\$241.23	\$397.21	\$355.99	\$488.84
With 2 Premium Discounts	N/A	\$382.21	N/A	\$473.84
Optional Buy-up Pricing				
\$900 Deductible	\$13.46	\$26.92	\$26.92	\$40.38
\$500 Deductible	\$28.85	\$57.69	\$57.69	\$86.54
Copay	\$ 7.73	\$20.40	\$16.20	\$24.30
Prescription Drug	\$ 9.51	\$20.21	\$14.98	\$22.47

Dental Plans		Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Comprehensive	Full-Time	\$6.90	\$22.42	\$31.04	\$43.12
	Regular Part-Time	\$12.84	\$28.36	\$36.98	\$49.06
Limited	Full-Time	\$0.00	\$4.78	\$7.28	\$9.41
	Regular Part-Time	\$5.94	\$10.72	\$13.22	\$15.35

Vision Plans	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Full-Time or Regular Part-Time	\$4.63	\$7.48	\$7.67	\$12.29

INTEGRIS

2018 Benefit Plans

Employee Net Cost per Pay Period – Over \$73,500 Annually

Full-Time Medical Plan and Buy-up Options	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic Metro	\$43.73	\$122.45	\$89.21	\$157.44
With 1 Premium Discount	\$28.73	\$107.45	\$74.21	\$142.44
With 2 Premium Discounts	N/A	\$ 92.45	N/A	\$127.44
Basic Regional	\$59.74	\$164.51	\$132.74	\$222.09
With 1 Premium Discount	\$44.74	\$149.51	\$117.74	\$207.09
With 2 Premium Discounts	N/A	\$134.51	N/A	\$192.09
Optional Buy-up Pricing				
\$900 Deductible	\$13.46	\$26.92	\$26.92	\$40.38
\$500 Deductible	\$28.85	\$57.69	\$57.69	\$86.54
Copay	\$ 9.52	\$23.13	\$19.05	\$27.20
Prescription Drug	\$10.88	\$21.76	\$17.00	\$24.49

Regular Part-Time Medical Plan and Buy-up Options	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic Metro	\$262.38	\$425.65	\$377.84	\$503.78
With 1 Premium Discount	\$247.38	\$410.65	\$362.84	\$488.78
With 2 Premium Discounts	N/A	\$395.65	N/A	\$473.78
Basic Regional	\$272.12	\$431.13	\$388.02	\$528.42
With 1 Premium Discount	\$257.12	\$416.13	\$373.02	\$513.42
With 2 Premium Discounts	N/A	\$401.13	N/A	\$498.42
Optional Buy-up Pricing				
\$900 Deductible	\$13.46	\$26.92	\$26.92	\$40.38
\$500 Deductible	\$28.85	\$57.69	\$57.69	\$86.54
Copay	\$ 9.52	\$23.13	\$19.05	\$27.20
Prescription Drug	\$10.88	\$21.76	\$17.00	\$24.49

Dental Plans		Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Comprehensive	Full-Time	\$6.90	\$22.42	\$31.04	\$43.12
	Regular Part-Time	\$12.84	\$28.36	\$36.98	\$49.06
Limited	Full-Time	\$0.00	\$4.78	\$7.28	\$9.41
	Regular Part-Time	\$5.94	\$10.72	\$13.22	\$15.35

Vision Plans	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Full-Time or Regular Part-Time	\$4.63	\$7.48	\$7.67	\$12.29