

INTEGRIS

2019 Benefit Plans

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

Full-Time Medical Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500 Deductible Plan	\$36.28	\$98.97	\$59.38	\$124.70
\$1,500 Deductible Plan (Out of State)	\$46.28	\$108.97	\$69.38	\$134.70
\$1,200 Deductible Plan	\$47.82	\$122.05	\$82.46	\$159.32
\$900 Deductible Plan	\$59.36	\$145.13	\$105.54	\$193.94

Regular Part-Time Medical Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500 Deductible Plan	\$251.33	\$502.66	\$452.40	\$678.60
\$1,500 Deductible Plan (Out of State)	\$261.33	\$512.66	\$462.40	\$688.60
\$1,200 Deductible Plan	\$262.87	\$525.74	\$475.48	\$713.22
\$900 Deductible Plan	\$274.41	\$548.82	\$498.56	\$747.84

Dental Plans		Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Comprehensive	Full-Time	\$7.14	\$23.21	\$32.13	\$44.64
	Regular Part-Time	\$13.29	\$29.36	\$38.28	\$50.79
Limited	Full-Time	\$0.00	\$4.95	\$7.53	\$9.74
	Regular Part-Time	\$5.81	\$11.10	\$13.68	\$15.89

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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2019 Benefit Plans

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

Full-Time Medical Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500 Deductible Plan	\$41.04	\$111.95	\$67.17	\$141.05
\$1,500 Deductible Plan (Out of State)	\$51.04	\$121.95	\$77.17	\$151.05
\$1,200 Deductible Plan	\$52.58	\$135.03	\$90.25	\$175.67
\$900 Deductible Plan	\$64.12	\$158.11	\$113.33	\$210.29

Regular Part-Time Medical Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500 Deductible Plan	\$279.64	\$559.28	\$503.35	\$755.04
\$1,500 Plan Deductible (Out of State)	\$289.64	\$569.28	\$513.35	\$765.04
\$1,200 Deductible Plan	\$291.18	\$582.36	\$526.43	\$789.66
\$900 Deductible Plan	\$302.72	\$605.44	\$549.51	\$824.28

Dental Plans		Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Comprehensive	Full-Time	\$7.14	\$23.21	\$32.13	\$44.64
	Regular Part-Time	\$13.29	\$29.36	\$38.28	\$50.79
Limited	Full-Time	\$0.00	\$4.95	\$7.53	\$9.74
	Regular Part-Time	\$5.81	\$11.10	\$13.68	\$15.89

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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2019 Benefit Plans

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

Full-Time Medical Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500 Deductible Plan	\$53.15	\$144.98	\$86.98	\$182.67
\$1,500 Deductible Plan (Out of State)	\$63.15	\$154.98	\$96.98	\$192.67
\$1,200 Deductible Plan	\$64.69	\$168.06	\$110.06	\$217.29
\$900 Deductible Plan	\$76.23	\$191.14	\$133.14	\$251.91

Regular Part-Time Medical Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500 Deductible Plan	\$296.31	\$592.62	\$533.36	\$800.05
\$500 Deductible Plan (Out of State)	\$306.31	\$602.62	\$543.36	\$810.05
\$1,200 Deductible Plan	\$306.85	\$615.70	\$556.44	\$834.67
\$900 Deductible Plan	\$869.29	\$638.78	\$579.52	\$869.29

Dental Plans		Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Comprehensive	Full-Time	\$7.14	\$23.21	\$32.13	\$44.64
	Regular Part-Time	\$13.29	\$29.36	\$38.28	\$50.79
Limited	Full-Time	\$0.00	\$4.95	\$7.53	\$9.74
	Regular Part-Time	\$5.81	\$11.10	\$13.68	\$15.89

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