Your cost for medical, dental and vision coverage is deducted from your paycheck. The amounts below are **Associate Per Pay** contributions.

Medical & Prescription Coverage

Coverage tier	Base POS / PPO	HSA 3000
Associate	$63.42	$80.44
Associate + Spouse	$145.77	$184.86
Associate + Child(ren)	$117.52	$149.04
Family	$193.12	$244.92

Dental Coverage

Coverage tier	DMO	PPO
Associate	$3.45	$3.45
Associate + Spouse	$5.52	$5.52
Associate + Child(ren)	$5.64	$5.64
Family	$9.09	$9.09

Vision Coverage

Coverage tier	VSP
Associate	$.69
Associate + Spouse	$1.11
Associate + Child(ren)	$1.13
Family	$1.82

Semi-monthly contributions. Rates are per paycheck, based on 24 pays per year.