	BASE PLAN		ENHANCED PLAN	
	24 PAY PERIODS	12 PAY PERIODS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$6.81	\$13.62	\$18.51	\$37.02
Employee + spouse	\$26.23	\$52.46	\$49.56	\$99.12
Employee + child(ren)	\$29.90	\$59.80	\$50.78	\$101.56
Family	\$49.32	\$98.64	\$81.85	\$163.70
		6	0.0	
Deductible	\$25 covered		N,	/A
Deductible Annual maximum benefit ¹		person 000 overed	\$2, per co	/A 000 overed son
Annual maximum	covered \$1,0 per co	person 000 overed son	\$2, per co per	000 overed