

Insurance Scenario - For Each Type of Insurance Offered	Employee Medical Out-of Pocket	Employee Dental Out-of Pocket	Employee Ortho Out-of Pocket	Employee Vision Out-of Pocket
Employee Only	\$ -	\$ -	\$ -	\$ -
Employee + Spousal Dependent	\$ -	\$ -	\$ -	\$ -
Employee + 1 Child Dependent	\$ -	\$ -	\$ -	\$ -
Employee + 2 or More Child Dependents	\$ 167.93	\$ 30.89	\$ 17.00	\$ 5.48
Employee + 1 Spousal + 1 Child Dependent	\$ 203.11	\$ 30.89	\$ 17.00	\$ 5.48
Employee + 1 Spousal + 2 or More Child Dependents	\$ 371.04	\$ 30.89	\$ 17.00	\$ 5.48

VEBA Scenario - For Medical Only	VEBA Contribution Amount
Not Insuring 1 Child Dependent	\$ 200.00
Not Insuring 2 Child Dependents	\$ 367.93
Not Insuring Self	\$ 375.00
Not Insuring Spouse	\$ 375.00
Not Insuring Spouse + 1 Child Dependent	\$ 575.00
Not Insuring Spouse + 2 or More Child Dependents	\$ 742.93
Not Insuring Self + Spouse	\$ 750.00
Not Insuring Self + Spouse + 1 Child Dependent	\$ 950.00
Not Insuring Self + Spouse + 2 or More Child Dependents	\$ 1,117.93