

PPO Blue: \$500 Deductible

	Health	Dental	Vision	Total	Yearly
Individual	\$492.76	\$25.12	\$4.87	\$522.75	\$6,273
Parent and child	1,077.18	67.69	12.63	1,157.50	13,890
Parent and children	1,340.81	67.69	12.63	1,421.13	17,053.56
Two person	1,077.18	67.69	12.63	1,157.50	13,890
Family	1,340.81	67.69	12.63	1,421.13	17,053.56

PPO Blue: \$2,000 Deductible

	Health	Dental	Vision	Total	Yearly
Individual	\$419.66	\$25.12	\$4.87	\$449.65	\$5,395.80
Parent and child	917.39	67.69	12.63	997.71	11,972.52
Parent and children	1,141.90	67.69	12.63	1,222.22	14,666.64
Two person	917.39	67.69	12.63	997.71	11,972.52
Family	1,141.90	67.69	12.63	1,222.22	14,666.64

PPO Blue: \$4,000 Deductible

	Health	Dental	Vision	Total	Yearly
Individual	\$383.12	\$25.12	\$4.87	\$413.11	\$4,957.32
Parent and child	837.49	67.69	12.63	917.81	11,013.72
Parent and children	1,042.26	67.69	12.63	1,122.78	13,473.36
Two person	837.49	67.69	12.63	917.81	11,013.72
Family	1,042.26	67.69	12.63	1,122.78	13,473.36