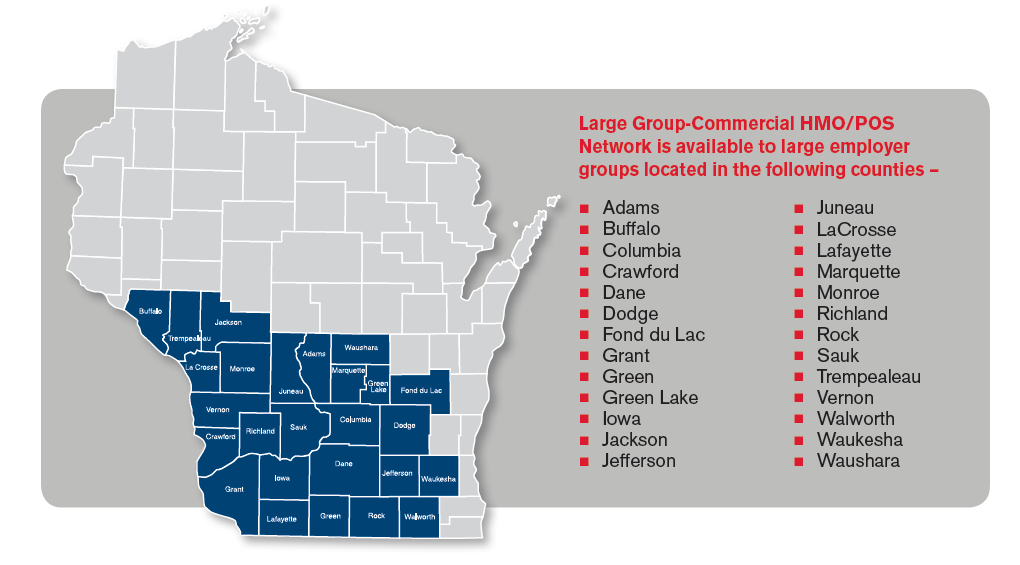
**Health, Dental, Vision**

**Insurance Options**

**(Cost Per Bi-Monthly Paycheck)**

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| **Quartz HSA**  Employee – $0  Employee/Spouse - $141.26  Employee/Child(ren) - $127.81  Family coverage – $358.75   * $2500/$5000 deductible * In network only * Out of network only for emergency * HSA with Optum bank * Preventative care 100% * E-visit - $49 | **Quartz HMO**  Employee - $40.63  Employee Spouse - $284.39  Employee/Child(ren) – $257.31  Family - $476.70   * $1000/$2000 Deductible * $30/$60 office visit co pays * 20% coinsurance * In Network only * Out of Network only for emergency * Preventative care 100% * E-visit - $20 | **Quartz POS**  Employee - $46.01  Employee Spouse – $295.70  Employee/Child(ren) – $267.54  Family – $493.93   * $1000/$2000 in network deductible * $2000/$4000 out of network deductible * Copays and coinsurance dependent on if in network or out * E-visit - $20 |

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| **Anthem HSA**  Employee - $29.30  Employee Spouse – $246.08  Employee Children – $221.47  Family – $468.72   * $3000/$6000 Deductible * $6000/$12000 deductible non-network * HSA with Optum Bank * In network office visit copay $35/$70 * Preventative Care 100% |



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| **Delta Dental**   * $50 /$150 Deductible * 100% preventive * 80% basic * 50% major * $1,000/year max per person * Child orthodontia -$1,000 lifetime   **W2 Hourly**  Employee – $19.93  Employee/Spouse – $39.28  Employee Children – $40.67  Family - $70.36  **Salary**  Employee - $0  Employee/Spouse – $19.35  Employee/Children – $20.74  Family - $50.43 |
| **Delta Vision**   * Exam $10 in network * Frames $150 allowance, then 20% off balance * Lenses $10 in network * Contact lenses $150 allowance, then 15% off balance * Contact lenses medically necessary covered in full   Employee - $3.25  Employee/Spouse - $6.50  Employee/Child(ren) - $6.64  Family - $9.89 |

**Quartz Coverage**