

Plan Options	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Blue Cross Blue Shield	2020	2020	2020	2020
G650CHC: \$3000 Deductible 100% Office Co-pay \$30/\$50 RX \$10/\$20/\$70/\$120/\$150/\$250				
S667CHC: \$6000 Deductible Max out of pocket \$7350 Office Co-pay \$40/70 \$10/\$20/\$70/\$120/\$150 RX				
B660CHC: HSA \$6350 deductible MOP \$6750				

Nippon Life				
Dental: \$2000 100/80/50 Max \$50 Deductible Endo and Perio in Basic. Child Ortho \$1000 life time benefit	\$43.14	\$88.28	\$101.72	\$146.82
Vision: \$10 Eye Exam \$150 Frame Allowance 12/12/12	\$5.78	\$12.72	\$12.14	\$22.54
