

MEDICAL INSURANCE

Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) C	Employee and Family D
1. No Coverage	\$0	\$0	\$0	\$0
2. BCBS Low	\$175.70	\$281.30	\$218.10	\$351.60
3. BCBS Basic	260.70	454.30	370.10	595.60
4. BCBS High	364.70	679.30	616.10	905.60
5. BCBS Qualifying High Deductible2BmenLowm ctible				