

JFT HEALTH AND WELFARE FUND

Vision and Dental Premiums

2016 Rates

<u>ACTIVE PAYROLL DEDUCTIONS</u>	<u>Vision</u>			<u>Dental</u>		
	MONTHLY	20 PAYS	24 PAYS	MONTHLY	20 PAYS	24 PAYS
Employee Only (Cost to JPPSS)	\$4.00	\$2.40	\$2.00	\$17.81	\$10.69	\$8.91
Spouse Only	\$6.47	\$3.88	\$3.24	\$31.49	\$18.89	\$15.75
Child(ren) Only	\$10.90	\$6.54	\$5.45	\$47.99	\$28.79	\$24.00
Spouse and Child(ren) Only	\$16.38	\$9.83	\$8.19	\$76.79	\$46.07	\$38.40

<u>RETIREE</u>	MONTHLY	MONTHLY
Retiree Only	\$4.00	\$17.81
Retiree Plus Spouse	\$10.47	\$49.30
Retiree Plus Child(ren)	\$14.90	\$65.80
Retiree Plus Family -Spouse plus Child(ren)	\$20.38	\$94.60
Spouse Only	\$6.47	\$31.49
Child(ren) Only	\$10.90	\$47.99
Spouse and Child(ren) Only	\$16.38	\$76.79

<u>COBRA</u>	MONTHLY	MONTHLY
Employee Only	\$4.08	\$18.17
Employee Plus Spouse	\$10.68	\$50.29
Employee Plus Child(ren)	\$15.20	\$67.12
Employee Plus Family -Spouse plus Child(ren)	\$20.79	\$96.49
Spouse Only	\$6.60	\$32.12
Child(ren) Only	\$11.12	\$48.95
Spouse and Child(ren) Only	\$16.71	\$78.33