**Tier III**Employees working 36.0 – 40.0 hours per week
Employee receives 100% of State's Contribution Rate: **\$703 per month** 

	Employee Only	Employee & Spouse	Employee & Child	Employee & Children	Employee, Spouse & Child	Employee, Spouse & Children
PPO Plan	\$15.00	\$38.50	\$26.00	\$35.50	\$48.00	\$54.50
Traditional Plan	\$18.50	\$47.00	\$32.50	\$43.00	\$58.50	\$65.50
High Deductible Plan	\$12.00	\$32.50	\$21.50	\$29.50	\$40.50	\$45.50
Dental	\$3.87	\$18.12	\$15.25	\$23.25	\$25.87	\$29.87

**Tier II**Employees working 28.0 – 35.9 hours per week
Employee receives 80% of State's Contribution Rate: **\$562.40** 

	Employee Only	Employee & Spouse	Employee & Child	Employee & Children	Employee, Spouse & Child	Employee, Spouse & Children
PPO Plan	\$83.12	\$106.62	\$94.12	\$103.62	\$116.12	\$122.62
Traditional Plan	\$86.62	\$115.12	\$100.62	\$111.12	\$126.62	\$133.62
High Deductible Plan	\$70.06	\$90.56	\$79.56	\$87.56	\$98.56	\$103.56
Dental	\$6.08	\$20.33	\$17.45	\$25.45	\$28.08	\$32.08

Tier 1
Employees working 20.0 – 27.9 hours per week
Employee receives 60% of State's Contribution Rate: \$421.80

	Employee Only	Employee & Spouse	Employee & Child	Employee & Children	Employee, Spouse & Child	Employee, Spouse & Children
PPO Plan	\$151.25	\$174.75	\$162.25	\$171.75	\$184.25	\$190.75
Traditional Plan	\$154.75	\$183.25	\$168.75	\$179.25	\$194.75	\$201.75
High Deductible Plan	\$128.12	\$148.62	\$137.62	\$145.62	\$156.62	\$161.62
Dental	\$8.29	\$22.54	\$19.66	\$27.66	\$30.29	\$34.29

To be eligible for benefits employees must work twenty (20) hours or more per week, or eighty-four (84) hours per month, and be expected to work at least five (5) months during any consecutive twelve (12) month period. Employees receive coverage only when they meet the eligibility requirements; hours worked in any given month are used to determine eligibility for the following month's benefits.