

**OLYMPIA CUSD #16 Medical, Dental, Vision Plan Employee Deductions**

<b>Coverage Level</b>	<b>Employee Deduction Per Pay - 24 Pays Per Year</b>	<b>Employee Deduction Per Pay - 20 Pays Per Year</b>	<b>Employee Deduction Per Pay - 18 Pays Per Year</b>
<b>Employee Only</b>	\$0.00	\$0.00	\$0.00
<b>Employee Plus Children</b>	\$136.00	\$163.20	\$181.33
<b>Employee Plus Spouse</b>	\$184.00	\$220.80	\$245.33
<b>Family</b>	\$369.00	\$442.80	\$492.00