

# PER PAY PERIOD CONTRIBUTIONS. WITHHELD 24 TIMES A YEAR.

COVERAGE LEVEL	AETNA PPO W HSA	AETNA HMO
Team Member Only	\$17	\$67
Team Member + Spouse	\$104	\$183
Team Member + Child(ren)	\$54	\$123
Family	\$157	\$257