

**Mission Support Alliance, LLC Market Based Plan
2016 Employee Cost Share**

Medical/Vision Contribution Rates

Level of Coverage	Group Health HMO	
	Bi-Weekly	Monthly
Individual	\$ 93.57	\$202.73
Individual + 1	\$187.14	\$405.47
Individual + more than 1	\$294.74	\$638.61

Level of Coverage	Group Health Access PPO	
	Bi-Weekly	Monthly
Individual	\$ 85.28	\$184.77
Individual + 1	\$170.56	\$369.54
Individual + more than 1	\$268.63	\$582.03

Dental Contribution Rates

Level of Coverage	Delta Dental-Washington Dental Basic	
	Bi-Weekly	Monthly
Individual	\$ 4.51	\$ 9.78
Individual + 1	\$ 8.90	\$19.29
Individual + more than 1	\$13.97	\$30.26

Level of Coverage	Delta Dental-Washington Dental Buy - Up	
	Bi-Weekly	Monthly
Individual	\$ 6.13	\$13.29
Individual + 1	\$12.18	\$26.40
Individual + more than 1	\$20.02	\$43.37