

STRAFFORD COUNTY HEALTH INSURANCE			
EMPLOYEE ANNUAL COST			
	SINGLE	2 PERSON	FAMILY
EPO PLAN	\$ 1,341.60	\$ 2,432.56	\$ 3,035.76
PPO PLAN	SINGLE	2 PERSON	FAMILY
	\$ 647.92	\$ 1,151.80	\$ 1,294.28
EMPLOYER ANNUAL COST			
	SINGLE	2 PERSON	FAMILY
	\$ 983.04	\$ 1,820.40	\$ 1,820.40