Guest Services, Inc.
2027 Employee/Employer Contributions

Plan	Monthly Rates			Bi-Weekly Rates	Weekly Rates
	Total	Employer	Employee	Employee	Employee
Medical/Rx					
Aetna Classic					
Single	$1,174.76	$847.46	$327.30	$151.06	$75.53
Ee & Child(ren)	$1,999.89	$1,304.07	$695.82	$321.15	$160.57
Ee & Spouse	$2,939.70	$1,675.17	$1,264.53	$583.63	$291.82
Family	$3,882.32	$2,519.07	$1,363.25	$629.19	$314.60
Aetna Balance HDHP					
Single	$992.95	$836.51	$156.44	$72.20	$36.10
Ee & Child(ren)	$1,686.63	$1,353.51	$333.11	$153.74	$76.87
Ee & Spouse	$2,481.00	$1,880.14	$600.86	$277.32	$138.66
Family	$3,275.34	$2,618.30	$657.04	$303.25	$151.62
Aetna Access HDHP					
Single	$911.83	$843.25	$68.58	$31.65	$15.83
Ee & Child(ren)	$1,549.57	$1,403.55	$146.02	$67.40	$33.70
Ee & Spouse	$2,279.59	$2,017.36	$262.23	$121.03	$60.51
Family	$3,006.83	$2,715.46	$291.37	$134.48	$67.24
Kaiser HMO (Mid-Atlantic)					
Single	$825.61	$571.53	$254.08	$117.27	
Ee & Child(ren)	$1,568.66	$974.80	$593.86	$274.09	
Ee & Spouse	$1,733.78	$1,039.84	$693.94	$320.28	
Family	$2,476.83	$1,542.68	$934.15	$431.14	
Guardian					
Dental Plan A					
Single	$48.36	$15.44	$32.92	$15.19	$7.60
Ee & Child(ren)	$67.69	$21.81	$45.88	$21.17	$10.59
Ee & Spouse	$72.53	$23.42	$49.11	$22.67	$11.33
Family	$116.04	$37.78	$78.26	$36.12	$18.06
Dental Plan B					
Single	$32.18	$10.06	$22.12	$10.21	$5.11
Ee & Child(ren)	$45.05	$13.74	$31.31	$14.45	$7.22
Ee & Spouse	$48.26	$14.80	$33.46	$15.44	$7.72
Family	$80.39	$24.80	$55.59	$25.66	$12.83
EyeMed					
Vision Plan					
Single	$7.87	$0.00	$7.87	$3.63	$1.82
Ee & Child(ren)	$11.71	$0.00	$11.71	$5.40	$2.70
Ee & Spouse	$10.95	$0.00	$10.95	$5.05	$2.53
Family	$18.73	$0.00	$18.73	$8.64	$4.32