

GRACE HEALTHCARE 2020 BENEFIT DEDUCTIONS

Facilities – Bi-Weekly

Benefit	Bi-Weekly Deductions		
	Bronze (MEC) Plan	Silver (ACP 17) Plan	Gold (PPO) Plan
Medical – Allied			
<ul style="list-style-type: none"> • Employee Only • Employee + Spouse • Employee + Child(ren) • Family 	\$33.39 \$82.65 \$89.33 \$127.76	\$51.16 \$251.01 \$201.96 \$420.90	\$131.40 \$387.89 \$324.93 \$605.90
Dental – Delta Dental TN			
<ul style="list-style-type: none"> • Employee Only • Employee + Spouse • Employee + Child(ren) • Family 		\$11.81 \$25.88 \$25.79 \$44.45	
Vision – VSP			
<ul style="list-style-type: none"> • Employee Only • Employee + 1 • Family 		\$2.87 \$5.74 \$9.24	