

2019-2020

Health Insurance Rates

Dental	Monthly Billed Rates		High Plan Employee Pays Per Check			Low Plan Employee Pays Per Check		
	High	Low	24 Pay Periods	20 Pay Periods	18 Pay Periods	24 Pay Periods	20 Pay Periods	18 Pay Periods
	Employee Only	\$ 47.27	\$ 25.22	\$ 23.64	\$ 28.36	\$ 31.51	\$ 12.61	\$ 15.13
Employee + One	\$ 89.60	\$ 49.04	\$ 44.80	\$ 53.76	\$ 59.73	\$ 24.52	\$ 29.42	\$ 32.69
Employee + Family	\$ 139.44	\$ 88.77	\$ 69.72	\$ 83.66	\$ 92.96	\$ 44.39	\$ 53.26	\$ 59.18

EyeMed	Monthly Billed Rates	Employee Pays Per Check		
		24 Pay Periods	20 Pay Periods	18 Pay Periods
Employee Only	\$ 6.40	\$ 3.20	\$ 3.84	\$ 4.27
Employee + Spouse	\$ 12.15	\$ 6.08	\$ 7.29	\$ 8.10
Employee+ Child (ren)	\$ 12.79	\$ 6.40	\$ 7.67	\$ 8.53
Employee+Family	\$ 18.80	\$ 9.40	\$ 11.28	\$ 12.53

Health Insurance	Monthly Billed Rates		Option 1 PPO Employee Pays Per Check			Option 2 H.S.A. Employee Pays Per Check		
	Option 1 PPO	Option 2 H.S.A.	24 Pay Periods	20 Pay Periods	18 Pay Periods	24 Pay Periods	20 Pay Periods	18 Pay Periods
	Employee Only	\$ 756.46	\$ 659.18	\$ 28.23	\$ 33.88	\$ 37.64		
Employee + One	\$ 1,229.30	\$ 1,075.80	\$ 264.65	\$ 317.58	\$ 352.87	\$ 208.31	\$ 249.97	\$ 277.75
Employee +Family	\$ 1,712.05	\$ 1,502.20	\$ 506.03	\$ 607.23	\$ 674.70	\$ 421.51	\$ 505.81	\$ 562.01