

## 2020 MEDICAL, DENTAL, VISION AND LIFE BI-WEEKLY PREMIUMS

### Medical Premiums



| 2020                     | Bi-Weekly County Cost |               | Bi-Weekly Employee Cost |               | Cost Share Percentage |          |
|--------------------------|-----------------------|---------------|-------------------------|---------------|-----------------------|----------|
|                          | No Wellness           | With Wellness | No Wellness             | With Wellness | County                | Employee |
| <b>Anthem (BCBS) HSA</b> |                       |               |                         |               |                       |          |
| Employee                 | \$264.94              | \$274.94      | \$66.24                 | \$56.24       | 80%                   | 20%      |
| Employee + 1             | \$506.46              | \$516.46      | \$126.61                | \$116.61      | 80%                   | 20%      |
| Family                   | \$660.26              | \$670.26      | \$165.07                | \$155.07      | 80%                   | 20%      |
| <b>Anthem (BCBS) POS</b> |                       |               |                         |               |                       |          |
| Employee                 | \$317.04              | \$327.04      | \$105.68                | \$95.68       | 75%                   | 25%      |
| Employee + 1             | \$585.14              | \$595.14      | \$195.05                | \$185.05      | 75%                   | 25%      |
| Family                   | \$793.98              | \$803.98      | \$264.66                | \$254.66      | 75%                   | 25%      |
| <b>Anthem (BCBS) HMO</b> |                       |               |                         |               |                       |          |
| Employee                 | \$296.85              | \$306.85      | \$74.21                 | \$64.21       | 77.50%                | 22.50%   |
| Employee + 1             | \$547.88              | \$557.88      | \$136.97                | \$126.97      | 77.50%                | 22.50%   |
| Family                   | \$743.42              | \$753.42      | \$185.86                | \$175.86      | 77.50%                | 22.50%   |
| <b>Kaiser HMO</b>        |                       |               |                         |               |                       |          |
| Employee                 | \$220.83              | \$230.83      | \$55.21                 | \$45.21       | 80%                   | 20%      |
| Employee + 1             | \$422.15              | \$432.15      | \$105.54                | \$95.54       | 80%                   | 20%      |
| Family                   | \$550.35              | \$560.35      | \$137.59                | \$127.59      | 80%                   | 20%      |

### Dental Premiums

| 2020              |                  |                         | Cost Share Percentage |          |
|-------------------|------------------|-------------------------|-----------------------|----------|
| Aetna             | Bi-Weekly County | Bi-Weekly Employee Cost | County                | Employee |
| <b>Dental PPO</b> |                  |                         |                       |          |
| Employee          | \$13.06          | \$4.26                  | 75%                   | 25%      |
| Employee +1       | \$26.69          | \$8.80                  | 75%                   | 25%      |
| Family            | \$34.98          | \$11.57                 | 75%                   | 25%      |
| <b>Dental HMO</b> |                  |                         |                       |          |
| Employee          | \$ 6.50          | \$1.90                  | 75%                   | 25%      |
| Employee +1       | \$12.67          | \$3.88                  | 75%                   | 25%      |
| Family            | \$20.79          | \$6.38                  | 75%                   | 25%      |

### Vision Premiums

| 2020          |                       |                    | Cost Share Percentage |          |
|---------------|-----------------------|--------------------|-----------------------|----------|
| Eye Med (PPO) | Bi-Weekly County Cost | Bi-Weekly Employee | County                | Employee |
| Employee      | \$4.21                | \$ 3.00            | 58%                   | 42%      |
| Employee +1   | \$ 4.21               | \$ 3.00            | 58%                   | 42%      |
| Family        | \$ 4.21               | \$ 3.00            | 58%                   | 42%      |

### Life Insurance Premiums

| MetLife             | Bi-Weekly County Cost | Bi-Weekly Employee Cost | Cost Share Percentage |           |
|---------------------|-----------------------|-------------------------|-----------------------|-----------|
|                     |                       |                         | County                | Employees |
| Life B & AD&D (50K) | \$2.36                | \$0.79                  | 75%                   | 25%       |
| Life D (10K)        | \$1.61                | \$0.54                  | 75%                   | 25%       |

Supplemental Life Insurance Premiums

| Benefit Type                             | Benefit Amount | Total Bi-Weekly Premium (100% Employee Paid) |
|--|----------------|--|
| Employee Optional Supplemental Term Life | \$25,000       | \$3.75                                       |
|  | \$50,000       | \$7.50                                       |
|  | \$75,000       | \$11.25                                      |
|  | \$100,000      | \$15.00                                      |
|  | \$125,000      | \$18.75                                      |
|  | \$150,000      | \$22.50                                      |
|  | \$175,000      | \$26.25                                      |
|  | \$200,000      | \$30.00                                      |
|  | \$225,000      | \$33.75                                      |
|  | \$250,000      | \$37.50                                      |
|  | \$275,000      | \$41.25                                      |
|  | \$300,000      | \$45.00                                      |