

## 2019 Health, Dental, Vision and AD&D Premiums

(effective January 1, 2019)



<b>Non-High Deductible Health Plans</b>	<b>Single (monthly)</b>	<b>Single (biweekly)</b>	<b>Family (monthly)</b>	<b>Family (biweekly)</b>
IYC Plan with Dental	\$88.00	\$44.00	\$219.00	\$109.50
IYC Plan without Dental	\$85.00	\$42.50	\$211.00	\$105.50
Access with Dental	\$266.00	\$133.00	\$664.00	\$332.00
Access without Dental	\$263.00	\$131.50	\$656.00	\$328.00
Access with Dental (required to work out of state)	\$138.00	\$69.00	\$347.00	\$173.50
Access without Dental (required to work out of state)	\$135.00	\$67.50	\$339.00	\$169.50

<b>High Deductible Health Plans</b>	<b>Single (monthly)</b>	<b>Single (biweekly)</b>	<b>Family (monthly)</b>	<b>Family (biweekly)</b>
HDHP Plan with Dental	\$33.00	\$16.50	\$82.00	\$41.00
HDHP Plan without Dental	\$30.00	\$15.00	\$74.00	\$37.00
HDHP Access with Dental	\$211.00	\$105.50	\$527.00	\$263.50
HDHP Access without Dental	\$208.00	\$104.00	\$519.00	\$259.50
HDHP Access with Dental (required to work out of state)	\$83.00	\$41.50	\$210.00	\$105.00
HDHP Access without Dental (required to work out of state)	\$80.00	\$40.00	\$202.00	\$101.00

<b>2019 Premiums (Monthly)</b>	<b>Employee</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Family</b>
Delta Dental PPO – Select Plan	\$8.55	\$17.10	\$11.54	\$20.52
Delta Dental PPO – Select Plus Plan	\$16.19	\$32.38	\$29.95	\$49.38
VSP	\$6.38	\$12.76	\$14.38	\$22.98

<b>Accidental Death &amp; Dismemberment</b>	<b>2019 Premium (monthly/\$1,000)</b>
General Employee	\$0.028
General Family	\$0.038
Protective—Employee	\$0.046
Protective Family	\$0.062