

## 2020 Health, Dental, Vision and Accident Plan Premiums

(effective January 1, 2020)



<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	\$93.00	\$46.50	\$231.00	\$115.50
IYC Plan without Dental	\$89.00	\$44.50	\$222.00	\$111.00
Access with Dental	\$273.00	\$136.50	\$679.00	\$339.50
Access without Dental	\$269.00	\$134.50	\$670.00	\$335.00
Access with Dental (required to work out of state)	\$147.00	\$73.50	\$367.00	\$183.50
Access without Dental (required to work out of state)	\$143.00	\$71.50	\$358.00	\$179.00

<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	\$35.00	\$17.50	\$87.00	\$43.50
HDHP Plan without Dental	\$31.00	\$15.50	\$78.00	\$39.00
HDHP Access with Dental	\$215.00	\$107.50	\$535.00	\$267.50
HDHP Access without Dental	\$211.00	\$105.50	\$526.00	\$263.00
HDHP Access with Dental (required to work out of state)	\$89.00	\$44.50	\$223.00	\$111.50
HDHP Access without Dental (required to work out of state)	\$85.00	\$42.50	\$214.00	\$107.00

<b>2020 Premiums</b>	<b>Employee (monthly)</b>	<b>Employee (biweekly)</b>	<b>Employee + Spouse (monthly)</b>	<b>Employee + Spouse (biweekly)</b>	<b>Employee + Child(ren) (monthly)</b>	<b>Employee + Child(ren) (biweekly)</b>	<b>Family (monthly)</b>	<b>Family (biweekly)</b>
Delta Dental PPO – Select Plan	\$9.28	\$4.64	\$18.56	\$9.28	\$12.52	\$6.26	\$22.28	\$11.14
Delta Dental PPO – Select Plus Plan	\$16.82	\$8.41	\$33.64	\$16.82	\$31.12	\$15.56	\$51.30	\$25.65
Delta Dental – Preventive (no health)	\$30.20	\$15.10	n/a	n/a	n/a	n/a	\$75.50	\$37.75
VSP	\$6.38	\$3.19	\$12.76	\$6.38	\$14.38	\$7.19	\$22.98	\$11.49
Accident Plan	\$3.26	\$1.63	\$4.94	\$2.47	\$7.10	\$3.55	\$10.46	\$5.23