



**EMPLOYEE MONTHLY HEALTH RATES\***  
**JANUARY 1, 2020**

<u>AETNA</u>	<u>EMPLOYEE PAYS</u>
<b><u>PREMIER HMO</u></b>	
Employee Only	\$ 0.00
+ One Dependent	644.24
+ Family (2 or more Dependents)	1,131.79
<b><u>PREMIER PLUS HMO</u></b>	
Employee Only	\$ 0.00
+ One Dependent	731.85
+ Family (2 or more Dependents)	1,286.44
<b><u>PREMIER CHOICE HSA</u></b>	
Employee Only	\$ 0.00
+ One Dependent	433.31
+ Family (2 or more Dependents)	850.46

AETNA KIDS' PLANS			
<u>BASIC PLAN</u>		<u>ENHANCED PLAN</u>	
(0 – 4)		(0 – 4)	
One Child	\$ 605.86	One Child	\$ 1,014.54
Two Children	1,211.76	Two Children	2,029.08
Three or more Children	1,817.62	Three or more Children	3,043.64
(5 – 26)		(5 – 26)	
One Child	\$ 263.42	One Child	\$ 441.08
Two Children	526.86	Two Children	882.20
Three or more Children	790.28	Three or more Children	1,323.28

**\*Bi-Weekly paycheck deduction will vary based on payroll calendar.**



**EMPLOYEE MONTHLY DENTAL/VISION RATES\***  
**JANUARY 1, 2020**

<b>DENTAL</b>	<b>COMPBENEFITS (HUMANA)</b>	<b>METLIFE</b>
<b><u>BASIC DHMO PLAN</u></b>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	6.08	7.68
+ Family (2 or more Dependents)	11.00	14.24
<b><u>ENHANCED DHMO PLAN</u></b>		
Employee Only	\$ 0.00	\$ 3.70
+ One Dependent	8.38	14.24
+ Family (2 or more Dependents)	14.80	22.82
<b><u>BASIC PPO PLAN</u></b>		
Employee Only	\$ 22.26	\$ 30.50
+ One Dependent	49.02	71.88
+ Family (2 or more Dependents)	78.70	116.54
<b><u>ENHANCED PPO PLAN</u></b>		
Employee Only	\$ 28.42	\$ 40.08
+ One Dependent	64.34	91.04
+ Family (2 or more Dependents)	106.74	166.36

<b>VISION</b>	<b>AETNA</b>	<b>COMPBENEFITS (HUMANA)</b>
<b><u>BASIC PLAN</u></b>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	4.24	4.94
+ Family (2 or more Dependents)	9.72	10.90
<b><u>ENHANCED PLAN</u></b>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	7.06	7.00
+ Family (2 or more Dependents)	16.28	15.54

**\*Bi-Weekly paycheck deduction will vary based on payroll calendar.**

Health & Kids' Plans on Reverse Side