## **Monthly Premiums for Current Employees**

Plan Year Jan. 1 through Dec. 31, 2019

HEALTH PLANS		MEMBER	SPOUSE	CHILD	CHILDREN	
Aetna HMO		\$ 897.90	\$ 1,472.24	\$ 601.60	\$ 962.52	
BlueLincs HMO		\$ 550.00	\$ 811.90	\$ 297.16	\$ 485.24	
CommunityCare HMO		\$ 894.32	\$ 1,302.68	\$ 455.48	\$ 728.78	
GlobalHealth HMO		\$ 623.18	\$ 919.88	\$ 355.88	\$ 581.16	
HealthChoice High and High Alternative		\$ 594.90	\$ 697.50	\$ 299.24	\$ 507.80	
HealthChoice Basic and Basic Alternative		\$ 466.42	\$ 547.38	\$ 240.54	\$ 406.88	
HealthChoice High Deductib	P) \$ 401.78	\$ 471.82	\$ 207.52	\$ 350.36		
TRICARE SUPPLEMENT	MEMBER	MEMBER + ON	NE MEMBER + TWO OR MORE			
Selman & Company	\$ 60.50	\$ 119.50	\$ 160.50			
DISABILITY (Employee only) \$9.10 (Limited city and county participation only)						
DENTAL PLANS		MEMBER	SPOUSE	CHILD	CHILDREN	
Cigna Dental Care Plan (Prepaid)		\$ 9.44	\$ 6.18	\$ 4.20	\$ 9.46	
Delta Dental PPO		\$ 35.84	\$ 35.82	\$ 31.18	\$ 78.86	
Delta Dental PPO — Choice		\$ 15.68	\$ 35.56	\$ 35.82	\$ 86.96	
HealthChoice Dental		\$ 39.12	\$ 39.12	\$ 31.58	\$81.10	
MetLife High Classic MAC		\$ 46.24	\$ 46.24	\$ 39.62	\$ 98.16	
MetLife Low Classic MAC		\$ 26.64	\$ 26.64	\$ 22.82	\$ 56.16	
Sun Life Preferred Active PPO		\$ 30.26	\$ 30.10	\$ 22.58	\$ 60.68	
VISION PLANS		MEMBER	SPOUSE	CHILD	CHILDREN	
Primary Vision Care Services (PVCS)		\$ 9.98	\$ 8.90	\$ 8.70	\$ 11.50	
Superior Vision		\$ 7.62	\$ 7.58	\$ 7.18	\$ 14.74	
Vision Care Direct	\$ 15.90	\$ 11.26	\$ 11.26	\$ 22.74		
VSP (Vision Service Plan)		\$ 8.72	\$ 5.78	\$ 5.70	\$ 12.48	
LIFE						
HealthChoice Basic Lif	First \$20	First \$20,000 of Supplemental Life \$4.00				
SUPPLEMENTAL LIFE — Age Rated Cost Per \$20,000 Unit						
< 30 \$ 1.20	30 - 34 \$ 1.2	0 35 - 39	\$ 1.20	40 - 44	\$ 1.60	
45 - 49 \$ 2.80	50 - 54 \$ 5.2	0 55 - 59	\$ 8.00	60 - 64	\$ 9.20	
65 - 69 \$ 14.80   70 - 74 \$ 25.60   75+ \$ 39.20						
DEPENDENT LIFE	Low Option \$2.60		Standard Option \$4.32 Premier Option \$8.64		Option \$8.64	
Spouse	\$6,000 of coverage		\$10,000 of coverage \$20,000 of coverage			
Child (live birth to age 26)	\$3,000 of coverage	\$ 5,000 of co	\$ 5,000 of coverage		\$10,000 of coverage	

Dependent Life does not include Accidental Death and Dismemberment (AD&D).