2019 Health Care Premium Share Rates

with Wellness Reward Incentive

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Aetna Deductible Plan					
Employee Only	$ 37.76	$ 18.88	$ 726.84	$ 363.42	$ 764.60
Employee & Spouse/Partner	227.24	113.62	1,287.66	643.83	1,514.90
Employee & Child(ren)	200.84	100.42	1,138.09	569.05	1,338.93
Couple & Child(ren)	313.32	156.66	1,775.41	887.71	2,088.73
Aetna High Deductible Health Plan*					
Employee Only	$ 0.00	$ 0.00	$ 664.41	$ 332.21	$ 664.41
Employee & Spouse/Partner	64.74	32.37	1,249.74	624.87	1,314.48
Employee & Child(ren)	56.86	28.43	1,104.57	552.29	1,161.43
Couple & Child(ren)	88.68	44.34	1,723.12	861.56	1,811.80
Kaiser Permanente Plan					
Employee Only	$ 28.10	$ 14.05	$ 533.84	$ 266.92	$ 561.94
Employee & Spouse/Partner	167.54	83.77	949.41	474.71	1,116.95
Employee & Child(ren)	156.74	78.37	888.21	444.11	1,044.95
Couple & Child(ren)	241.04	120.52	1,365.92	682.96	1,606.96

*HDHP members who complete the annual Wellness Program receive a $500 (employee only coverage) or $1,000 (employee & family coverage) HSA contribution.

2019 Health Care Premium Share Rates

without Wellness Reward Incentive

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Aetna Deductible Plan					
Employee Only	$ 114.78	$ 57.39	$ 650.32	$ 325.16	$ 765.10
Employee & Spouse/Partner	363.58	181.79	1,151.32	575.66	1,514.90
Employee & Child(ren)	321.34	160.67	1,017.59	508.80	1,338.93
Couple & Child(ren)	501.30	250.65	1,587.43	793.72	2,088.73
Aetna High Deductible Health Plan					
Employee Only	$ 0.00	$ 0.00	$ 664.41	$ 332.21	$ 664.41
Employee & Spouse/Partner	64.74	32.37	1,249.74	624.87	1,314.48
Employee & Child(ren)	56.86	28.43	1,104.57	552.29	1,161.43
Couple & Child(ren)	88.68	44.34	1,723.12	861.56	1,811.80
Kaiser Permanente Plan					
Employee Only	$ 84.30	$ 42.15	$ 477.64	$ 238.82	$ 561.94
Employee & Spouse/Partner	268.08	134.04	848.87	424.44	1,116.95
Employee & Child(ren)	250.80	125.40	794.15	397.08	1,044.95
Couple & Child(ren)	385.68	192.84	1,221.28	610.64	1,606.96

2019 Health Care Premium Share Rates

Dental & Vision Rates

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Delta Dental Core & Legacy Plans					
Employee Only	$ 1.00	$ 0.50	$ 60.60	$ 30.30	$ 61.60
Employee & Spouse/Partner	9.24	4.62	113.96	56.98	123.20
Employee & Child(ren)	7.84	3.92	96.88	48.44	104.72
Couple & Child(ren)	12.70	6.35	156.71	78.36	169.41
Delta Dental Enhanced Plan					
Employee Only	$ 20.18	$ 10.09	$ 60.60	$ 30.30	$ 80.78
Employee & Spouse/Partner	47.60	23.80	113.96	56.98	161.56
Employee & Child(ren)	40.44	20.22	96.89	48.45	137.33
Couple & Child(ren)	65.44	32.72	156.72	78.36	222.16
Vision Core Plan					
Employee Only	$ 1.00	$ .50	$ 6.12	$ 3.06	$ 7.12
Employee & Spouse/Partner	1.90	.95	11.72	5.86	13.62
Employee & Child(ren)	2.04	1.02	12.49	6.25	14.53
Couple & Child(ren)	3.20	1.60	19.66	9.83	22.86
Vision Enhanced Plan					
Employee Only	$ 5.14	$ 2.57	$ 6.12	$ 3.06	$ 11.26
Employee & Spouse/Partner	10.20	5.10	11.72	5.86	21.96
Employee & Child(ren)	10.92	5.46	12.49	6.25	23.41
Couple & Child(ren)	17.38	8.69	19.66	9.83	37.04