



EMPLOYEE MONTHLY HEALTH RATES*
JANUARY 1, 2019

<u>AETNA</u>	<u>EMPLOYEE PAYS</u>
<u>PREMIER HMO</u>	
Employee Only	\$ 0.00
+ One Dependent	644.24
+ Family (2 or more Dependents)	1,131.79
<u>PREMIER PLUS HMO</u>	
Employee Only	\$ 0.00
+ One Dependent	731.85
+ Family (2 or more Dependents)	1,286.44
<u>PREMIER CHOICE HSA</u>	
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	\$ 552.29	One Child	\$ 924.83
Two Children	1,104.60	Two Children	1,849.66
Three or more Children	1,656.89	Three or more Children	2,774.50
(5 –26)		(5 –26)	
One Child	\$ 240.13	One Child	\$ 402.08
Two Children	480.27	Two Children	804.18
Three or more Children	720.40	Three or more Children	1,206.26

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



EMPLOYEE MONTHLY DENTAL/VISION RATES*
JANUARY 1, 2019

DENTAL	COMPBENEFITS (HUMANA)	METLIFE
<u>BASIC DHMO PLAN</u>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	6.26	7.68
+ Family (2 or more Dependents)	11.32	14.24
<u>ENHANCED DHMO PLAN</u>		
Employee Only	\$ 0.00	\$ 3.70
+ One Dependent	8.62	14.24
+ Family (2 or more Dependents)	15.24	22.82
<u>BASIC PPO PLAN</u>		
Employee Only	\$ 22.26	\$ 28.64
+ One Dependent	49.02	68.18
+ Family (2 or more Dependents)	78.70	110.82
<u>ENHANCED PPO PLAN</u>		
Employee Only	\$ 28.42	\$ 37.80
+ One Dependent	64.34	86.48
+ Family (2 or more Dependents)	106.74	158.42

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