

2019 Premium Deductions for Health, Dental & Vision

DEDUCTION RATES EFFECTIVE January 1, 2019

BENEFIT PLANS	A	ALL DEDUCTIONS		
BlueEdge High Deductible /HSA	12 Pay	20 Pay*	26 Pay	
Employee Only	\$92.00	\$55.20	\$42.46	
Employee/Children	\$213.00	\$127.80	\$98.31	
Employee/Spouse	\$265.00	\$159.00	\$122.31	
Employee/Family	\$385.00	\$231.00	\$177.69	
Blue Choice Low Option PPO	12 Pay	20 Pay*	26 Pay	
Employee Only	\$107.00	\$64.20	\$49.38	
Employee/Children	\$243.00	\$145.80	\$112.15	
Employee/Spouse	\$305.00	\$183.00	\$140.77	
Employee/Family	\$440.00	\$264.00	\$203.08	
Blue Choice High Option PPO	12 Pay	20 Pay*	26 Pay	
Employee Only	\$272.00	\$163.20	\$125.54	
Employee/Children	\$451.00	\$270.60	\$208.15	
Employee/Spouse	\$543.00	\$325.80	\$250.62	
Employee/Family	\$719.00	\$431.40	\$331.85	
All Medical Plans	12 Pay	20 Pay*	26 Pay	
Tobacco Surcharge	\$30.00	\$18.00	13.85	
Dental Insurance High Option	12 Pay	20 Pay*	26 Pay	
Employee Only	\$28.00	\$16.80	\$12.92	
Employee/Children	\$65.00	\$39.00	\$30.00	
Employee/Spouse	\$51.00	\$30.60	\$23.54	
Employee/Family	\$86.00	\$51.60	\$39.69	
Dental Insurance Low Option	12 Pay	20 Pay*	26 Pay	
Employee Only	\$16.00	\$9.60	\$7.38	
Employee/Children	\$37.00	\$22.20	\$17.08	
Employee/Spouse	\$29.00	\$17.40	\$13.38	
Employee/Family	\$55.00	\$33.00	\$25.38	
Vision Insurance	12 Pay	20 Pay*	26 Pay	
Employee Only	\$5.20	\$3.12	\$2.40	
Employee/Children	\$9.98	\$5.99	\$4.61	
Employee/Spouse	\$9.12	\$5.47	\$4.21	
Employee/Family	\$13.54	\$8.12	\$6.25	

^{*}Premium may differ due to rounding.