

2019-20 Health, Dental & Vision Premiums

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	Health Insurance		Dental Insurance		
	Employee Paid	Employer Paid	Employee Paid	Employer Paid	Employer HSA
	Anthem Premium	Anthem Premium	Delta Dental	Delta Dental	Contribution
<u>Choice PPO</u>					
EE Only	\$105	\$696	\$6	\$22	
EE + child(ren)	\$340	\$1,228	\$10	\$42	
EE + spouse	\$345	\$1,269	\$9	\$37	
Family	\$556	\$1,693	\$17	\$67	
<u>HSA</u>					
EE Only	\$26	\$557	\$6	\$22	\$1,260
EE + child(ren)	\$190	\$946	\$10	\$42	\$2,508
EE + spouse	\$193	\$978	\$9	\$37	\$2,508
Family	\$328	\$1,304	\$17	\$67	\$2,508
VISION BENEFITS					
	Standard	Enhanced			
EE Only	\$ 5.59	\$ 7.18			
EE + Spouse	\$ 10.64	\$ 13.85			
EE + Children	\$ 11.19	\$ 14.51			
Family	\$ 17.05	\$ 22.35			