

MEDICAL PREMIUMS 20/21 PLAN YEAR

20/21 Premiums - Plan A (Bundled with Dental)

Coverage Category		Employee Cost	AWC Cost	Total Premium
Plan A / HIE	Employee Only	\$ 130.00	\$ 764.00	\$ 894.00
Plan A / HIS	EE + Spouse	\$ 821.00	\$ 950.00	\$ 1,771.00
Plan A / HIC	EE + Child(ren)	\$ 740.00	\$ 931.00	\$ 1,671.00
Plan A / HIF	EE + Family	\$ 1,173.00	\$ 1,020.00	\$ 2,193.00

20/21 Premiums - Plan B (Bundled with Dental)

Coverage Category		Employee Cost	AWC Cost	Total Premium
Plan B / HIEB	Employee Only	\$ -	\$ 745.00	\$ 745.00
Plan B / HISB	EE + Spouse	\$ 562.00	\$ 914.00	\$ 1,476.00
Plan B / HICB	EE + Child(ren)	\$ 495.00	\$ 896.00	\$ 1,391.00
Plan B / HIFB	EE + Family	\$ 851.00	\$ 975.00	\$ 1,826.00

20/21 Premiums - HDHP (Bundled with Dental)

Coverage Category		Employee Cost	AWC Cost	Total Premium
HDHP / HIEH	Employee Only	\$ -	\$ 577.00	\$ 577.00
HDHP / HISH	EE + Spouse	\$ 470.00	\$ 694.00	\$ 1,164.00
HDHP / HICH	EE + Child(ren)	\$ 416.00	\$ 682.00	\$ 1,098.00
HDHP / HHFD	EE + Family	\$ 712.00	\$ 736.00	\$ 1,448.00

20/21 Premiums - STAND ALONE DENTAL

Coverage Category		Employee Cost	AWC Cost	Total Premium
Dental / HDEE	Employee Only	\$ -	\$ 745.00	\$ 745.00
Dental / HDSP	EE + Spouse	\$ 80.00	\$ 665.00	\$ 745.00
Dental / HDCH	EE + Child(ren)	\$ 75.00	\$ 670.00	\$ 745.00
Dental / HFD	EE + Family	\$ 100.00	\$ 645.00	\$ 745.00

20/21 Premiums - WAIVED

Coverage Category		Employee Cost	AWC Cost	Total Premium
Waived / HIEW	Employee Only	\$ -	\$ 745.00	\$ 745.00

Effective 7/1/20