

7/5ths Premium Rates for January - May 2020		Column1
Consumer Choice HSA		
Employee Only	\$	114.60
Employee + Spouse	\$	283.42
Employee + Child(ren)	\$	242.93
Family	\$	392.03
Comprehensive Care		
Employee Only	\$	263.14
Employee + Spouse	\$	595.36
Employee + Child(ren)	\$	510.30
Family	\$	837.65
BlueChoice HMO		
Employee Only	\$	312.17
Employee + Spouse	\$	698.32
Employee + Child(ren)	\$	598.56
Family	\$	984.73
Kaiser HMO		
Employee Only	\$	238.92
Employee + Spouse	\$	534.74
Employee + Child(ren)	\$	458.36
Family	\$	749.84
Tobacco Surcharge		
Tobacco Surcharge - 1	\$	140.00
Tobacco Surcharge - 2	\$	280.00
Tobacco Surcharge - 3	\$	420.00
Tobacco Surcharge - 4	\$	560.00
Tobacco Surcharge - 5	\$	700.00
Tobacco Surcharge - 6	\$	840.00
Tobacco Surcharge - 7	\$	980.00
Tobacco Surcharge - 8	\$	1,120.00
Working Spouse Surcharge		
	\$	140.00
Delta Dental Base Plan		
Employee Only	\$	44.77
Employee + Spouse	\$	89.54
Employee + Child(ren)	\$	85.04
Family	\$	143.25
Delta Dental High Plan		
Employee Only	\$	55.33
Employee + Spouse	\$	110.60

Employee + Child(ren)	\$ 105.11
Family	\$ 177.04
EyeMed Vision	
Employee Only	\$ 9.66
Employee + Spouse	\$ 21.73
Employee + Child(ren)	\$ 18.37
Family	\$ 28.48
Accident Plan	
Employee Only	\$ 9.98
Employee + Spouse	\$ 16.63
Employee + Child(ren)	\$ 19.52
Family	\$ 26.17
Hospital Indemnity	
Employee Only	\$ 13.76
Employee + Spouse	\$ 28.00
Employee + Child(ren)	\$ 20.58
Family	\$ 35.04
Identity Protection	
Individual	\$ 12.53
Family	\$ 23.73
Child Life Insurance	
Child Life \$5,000	\$ 0.70
Child Life \$10,000	\$ 1.40
Child Life \$15,000	\$ 2.10