

Effective 7/1/2020-6/30/2021

0% increase added

County Pays \$4.42

2020-2021	Medical Plan	Gross Rate (Monthly) Contribution Schedule	Adm. Fee	Delta Dental	Davis Vision	Employee 20% (Monthly) Contribution)	Disability		SUPPLEMENTAL LIFE & DEPENDENT LIFE THROUGH HARTFORD LIFE
							100% Employee	100% Employer	
Employee	Presbyterian-HMO	\$537.29	\$1.37	\$32.33	\$5.98	\$115.39	\$9.88 Optional		
	BCBS-HMO FORMERLY LOVEFACE	\$537.29	\$1.37	\$32.33	\$5.98	\$115.39			
	BCBS-PPO	\$624.85	\$1.37	\$32.33	\$5.98	\$132.91			
Employee +	Presbyterian-HMO	\$1,208.91	\$1.37	\$64.61	\$11.31	\$257.24			
	BCBS-HMO FORMERLY LOVEFACE	\$1,208.91	\$1.37	\$64.61	\$11.31	\$257.24			
Spouse	BCBS-PPO	\$1,406.02	\$1.37	\$64.61	\$11.31	\$296.66			
Employee +	Presbyterian-HMO	\$967.14	\$1.37	\$74.34	\$13.15	\$211.20			
	BCBS-HMO FORMERLY LOVEFACE	\$967.14	\$1.37	\$74.34	\$13.15	\$211.20			
Child/Children	BCBS-PPO	\$1,124.78	\$1.37	\$74.34	\$13.15	\$242.73			
Family	Presbyterian-HMO	\$1,585.00	\$1.37	\$96.94	\$16.64	\$339.99			
	BCBS-HMO FORMERLY LOVEFACE	\$1,585.00	\$1.37	\$96.94	\$16.64	\$339.99			
	BCBS-PPO	\$1,843.47	\$1.37	\$96.94	\$16.64	\$391.68			
(Monthly Contribution Schedule - FY 2020-2021									

HMO- STATE COVERAGE
PPO- NATIONWIDE COVERAGE

Excel: Insurance Rates 2020-2021