

MEDICAL INSURANCE COST TABLE – GROUP #19676

Plan & Coverage Level	Monthly Premium	County Contribution	Employee Cost Per Month with NO Wellness Incentive	Employee Cost Per Month w/ Level 1 Wellness Incentive (\$240 Annual Discount)	Employee Cost Per Month w/ Level 2 Wellness Incentive (\$120 Annual Discount)
Buy-Up Plan - \$750 / \$1,500 Annual Deductible					
Employee	\$740.14	\$650.46	\$89.68	\$69.68	\$59.68
Dependent	\$1,100.32	\$546.35	\$553.97	\$553.97	\$553.97
Family Total	\$1,840.46	\$1,196.81	\$643.65	\$623.65	\$613.65
Base Plan - \$1,000 / \$2,000 Annual Deductible					
Employee	\$670.46	\$650.46	\$20.00	\$0.00	Incentive Option
Dependent	\$993.34	\$546.35	\$446.99	\$446.99	\$446.99
Family Total	\$1,663.80	\$1,196.81	\$466.99	\$446.99	\$436.99
HDHP - \$1,750 / \$3,500 Annual Deductible					
Employee	\$594.98	\$650.46	+	#	%
Dependent	\$877.30	\$546.35	\$330.95	\$330.95	\$330.95
Family Total	\$1,472.28	\$1,196.81	\$330.95	\$330.95	\$330.95

	Monthly ER Contribution to HSA or FSA	Annual ER Contribution to HSA or FSA, if matched	FSAs \$500 limit, if not matched by EE ER Contribution / paid out as taxable income
+ Starting	\$55.48	\$665.76	\$500 / \$165.76
# Level 1 WIP	\$75.48	\$905.76	\$500 / \$405.76
% Level 2 WIP	\$85.48	\$1025.76	\$500 / \$525.76

DENTAL INSURANCE COST TABLE – GROUP #1331

Plan & Coverage Level	Monthly Premium	County Contribution	Employee Cost Per Month
Buy-Up Plan - \$2,000 Annual Maximum Benefit			
Employee	\$44.60	\$31.52	\$13.08
Dependent	\$58.20		\$58.20
Family Total	\$102.80	\$31.52	\$71.28
Base Plan - \$1,000 Annual Maximum Benefit			
Employee	\$31.52	\$31.52	\$0.00
Dependent	\$41.14		\$41.14
Family Total	\$72.66	\$31.52	\$41.14

VISION INSURANCE COST TABLE – GROUP #12239817

Plan & Coverage Level	Monthly Premium	County Contribution	Employee Cost Per Month
Buy-Up Plan			
Employee	\$7.18	\$0.78	\$6.40
Dependent	\$8.84		\$8.84
Family Total	\$16.02	\$0.78	\$15.24
Exam Only (Core)			
Employee	\$0.78	\$0.78	\$0.00

FY21 [07/01/20 – 06/30/21]

MEDICAL PLAN OPTIONS – GROUP #19676 (IN-NETWORK)

	Deductible	Medical Out of Pocket Max	Office Visit Co-Pay	Urgent Care Co-Pay	Emergency Room	In-Patient Hospital	Rx Retail Co-Pay	Rx Out of Pocket Max
Buy-Up Plan	\$750 Individual \$1,500 Family	\$4,500 Individual \$9,000 Family Includes Coinsurance, Deductibles, Access Fees & Co-Pays	\$35 PCP \$45 Specialist	\$60	\$150 Access Fee (waived if admitted), then deductible plus coinsurance	\$100 Access Fee then deductible plus coinsurance	\$8 Generic \$35 Brand \$55 Non-Pref	\$2,350 Individual \$4,700 Family
Base Plan	\$1,000 Individual \$2,000 Family	\$4,750 Individual \$9,500 Family Includes Coinsurance, Deductibles, Access Fees & Co-Pays	\$45 PCP \$60 Specialist	\$80	\$200 Access Fee (waived if admitted), then deductible plus coinsurance	\$100 Access Fee then deductible plus coinsurance	\$8 Generic \$35 Brand \$55 Non-Pref.	\$2,350 Individual \$4,700 Family
HDHP	\$1,750 Individual \$3,500 Family	\$5,000 Individual \$10,000 Family Includes Deductibles, Co-Pays & Access Fees	20% after deductible	20% after deductible	\$150 Access Fee (waived if admitted), then deductible plus coinsurance	20% after deductible	20% after deductible (\$8 minimum)	Combined with Medical Out-of-Pocket Max

DENTAL PLAN OPTIONS – GROUP #1331 (IN-NETWORK)

	Deductible	Annual Maximum	Routine Service (Cleaning)	Basic Service (Filling)	Major Service (Crown, Bridge)	Orthodontia (Age 8-19)
Buy-Up Plan	\$50 Individual \$150 Family	\$2,000	100%	80%	50%	50% \$1,000 Maximum Lifetime Benefit
Base Plan	\$50 Individual \$150 Family	\$1,000	100%	80%	50%	50% \$1,000 Maximum Lifetime Benefit

VISION PLAN OPTIONS – GROUP #12239817 (IN-NETWORK)

	WellVision Exam Once every 12 months	Prescription Lenses and/or Frames Lenses every 12 months, Frames every 24 months	Contacts Instead of Glasses Once every 12 months	Diabetic Eyecare Plus Program
Buy-Up Plan Employee Employee & Family	\$ 15 Co-pay	<ul style="list-style-type: none"> ✓ \$25 Prescription Glasses Co-pay ✓ FRAMES: \$150 Allowance for a wide selection of frames; \$170 allowance for featured frame brands ✓ LENSES: Single vision, lined bifocal & lined trifocal ✓ LENS ENHANCEMENT: Tinted lenses \$0 Copay; Scratch-resistant coating \$0 Copay; Standard progressive lenses \$55 Copay; Premium progressive lenses \$95-\$105 Copay; Custom progressive lenses \$150-\$175 Copay. ✓ 20% off additional glasses and sunglasses, including lens enhancements 	<ul style="list-style-type: none"> ✓ \$130 allowance for contacts; copay does not apply ✓ Contact lens exam (fitting & evaluation) (not to exceed \$60) 	Additional Coverage \$20 Co-pay Services related to diabetic eye disease, glaucoma, and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes.
Core/Base Employee Only	\$ 15 Co-pay	20% savings on complete pair of prescription glasses & sunglasses, including lens enhancements, within 12 months from your last WellVision exam.	15% savings on a contact lens exam (fitting & evaluation)	No coverage for Diabetic Eyecare Plus Program.
Tru Hearing & Laser Vision Correction	Access program for members offering a savings of up to 60% on the latest brand-name hearing aids. Dependents and even extended family members are eligible for exclusive savings too. Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.			