

2020 Bi-weekly Premiums

Medical

Coverage Option	\$1,000 Deductible (formerly, PPO)	\$2,000 Deductible (NEW!)	\$3,000 Deductible (formerly, CDHP20)	\$4,000 Deductible (formerly, CDHP30)
Annual base salary less than \$60,000				
Employee only	\$125.18	\$87.39	\$58.35	\$36.28
Employee + child(ren)	\$243.74	\$171.99	\$121.28	\$106.68
Employee + spouse/domestic partner	\$280.80	\$224.41	\$130.79	\$114.74
Employee + family	\$395.20	\$289.88	\$182.97	\$160.90
Annual base salary between \$60,000 and \$149,999				
Employee only	\$134.41	\$96.62	\$68.15	\$44.59
Employee + child(ren)	\$262.20	\$190.45	\$140.91	\$123.29
Employee + spouse/domestic partner	\$299.26	\$242.87	\$150.47	\$131.36
Employee + family	\$422.90	\$317.57	\$212.41	\$185.82
Annual base salary \$150,000 or greater				
Employee only	\$143.64	\$105.85	\$76.83	\$52.90
Employee + child(ren)	\$280.66	\$208.91	\$158.36	\$139.91
Employee + spouse/domestic partner	\$317.73	\$261.34	\$168.11	\$147.97
Employee + family	\$450.59	\$345.26	\$238.61	\$210.74

Dental

Coverage Option	Dental PPO Enhanced	Dental PPO
Employee only	\$13.98	\$9.60
Employee + one	\$30.81	\$21.12
Employee + two or more	\$37.76	\$25.98

Vision

Coverage Option	Vision
Employee only	\$2.91
Employee + one or more	\$7.27