

2019 Full-Time Health Benefits Rates *Monthly Employee Contributions*

MEDICAL - w/o GHN

12-Month Rates	EPO	PPO	HRA-H	HRA-L
Tier	2019	2019	2019	2019
EE Only	\$142.00	\$124.00	\$70.00	\$68.00
EE+Sp/QA	\$500.00	\$465.00	\$350.00	\$216.00
EE+Child(ren)	\$272.00	\$240.00	\$146.00	\$66.00
EE+Family	\$560.00	\$510.00	\$352.00	\$170.00
2-EE Fam (Each)	\$150.00	\$122.00	\$60.00	\$58.00

10-Month Rates	EPO	PPO	HRA-H	HRA-L
Tier	2019	2019	2019	2019
EE Only	\$170.40	\$148.80	\$84.00	\$81.60
EE+Sp/QA	\$600.00	\$558.00	\$420.00	\$259.20
EE+Child(ren)	\$326.40	\$288.00	\$175.20	\$79.20
EE+Family	\$672.00	\$612.00	\$422.40	\$204.00
2-EE Fam (Each)	\$180.00	\$146.40	\$72.00	\$69.60

MEDICAL - w/GHN

12-Month Rates	EPO	PPO	HRA-H	HRA-L
Tier	2019	2019	2019	2019
EE Only	\$102.00	\$84.00	\$30.00	\$28.00
EE+Sp/QA	\$460.00	\$425.00	\$310.00	\$176.00
EE+Child(ren)	\$232.00	\$200.00	\$106.00	\$26.00
EE+Family	\$520.00	\$470.00	\$312.00	\$130.00
2-EE Fam (Each)	\$110.00	\$82.00	\$20.00	\$18.00

10-Month Rates	EPO	PPO	HRA-H	HRA-L
Tier	2019	2019	2019	2019
EE Only	\$122.40	\$100.80	\$36.00	\$33.60
EE+Sp/QA	\$552.00	\$510.00	\$372.00	\$211.20
EE+Child(ren)	\$278.40	\$240.00	\$127.20	\$31.20
EE+Family	\$624.00	\$564.00	\$374.40	\$156.00
2-EE Fam (Each)	\$132.00	\$98.40	\$24.00	\$21.60

DENTAL

	12-Month		10-Month	
Tier	Basic	Enhanced	Basic	Enhanced
EE Only	\$22.55	\$26.43	\$27.06	\$31.72
EE+Sp/QA	\$45.07	\$52.82	\$54.08	\$63.38
EE+Child(ren)	\$53.21	\$62.35	\$63.85	\$74.82
EE+Family	\$82.28	\$96.42	\$98.74	\$115.70

VISION

Tier	12-Mo	10-Mo
EE Only	\$3.70	\$4.44
EE+Sp/QA	\$6.71	\$8.05
EE+Child(ren)	\$7.11	\$8.53
EE+Family	\$10.21	\$12.25