

JULY 1, 2019 - JUNE 30, 2020 INSURANCE RATES

MEDICAL: Aetna (PPO)

Annual Salary ↓	Employee	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
Employee Per Pay Premium - Bi-weekly 26 Pay Cycle				
< \$30,000	\$26.95	\$71.50	\$100.02	\$133.46
\$30,000 - \$34,999	\$29.51	\$78.31	\$109.55	\$146.17
\$35,000 - \$39,999	\$32.72	\$86.83	\$121.46	\$162.06
\$40,000 - \$44,999	\$36.57	\$97.04	\$135.75	\$181.12
\$45,000 - \$49,999	\$40.42	\$107.26	\$150.04	\$200.19
\$50,000 - \$59,999	\$48.12	\$127.68	\$178.61	\$238.32
\$60,000 - \$69,999	\$55.82	\$148.11	\$207.19	\$276.45
\$70,000 - \$89,999	\$63.52	\$168.54	\$235.77	\$314.58
\$90,000 - \$109,999	\$67.37	\$178.76	\$250.06	\$333.65
>= \$110,000	\$71.22	\$188.97	\$264.35	\$352.71
Employee Per Pay Premium - Semi-monthly 24 Pay Cycle				
< \$30,000	\$29.19	\$77.46	\$108.36	\$144.58
\$30,000 - \$34,999	\$31.97	\$84.84	\$118.68	\$158.35
\$35,000 - \$39,999	\$35.45	\$94.06	\$131.58	\$175.56
\$40,000 - \$44,999	\$39.62	\$105.13	\$147.06	\$196.22
\$45,000 - \$49,999	\$43.79	\$116.19	\$162.54	\$216.87
\$50,000 - \$59,999	\$52.13	\$138.32	\$193.50	\$258.18
\$60,000 - \$69,999	\$60.47	\$160.46	\$224.46	\$299.49
\$70,000 - \$89,999	\$68.81	\$182.59	\$255.42	\$340.80
\$90,000 - \$109,999	\$72.98	\$193.65	\$270.90	\$361.45
>= \$110,000	\$77.15	\$204.72	\$286.38	\$382.10
Employee Per Pay Premium - Non-12 month 17 Pays				
< \$30,000	\$41.21	\$109.36	\$152.98	\$204.11
\$30,000 - \$34,999	\$45.14	\$119.77	\$167.55	\$223.55
\$35,000 - \$39,999	\$50.04	\$132.79	\$185.76	\$247.85
\$40,000 - \$44,999	\$55.93	\$148.41	\$207.61	\$277.01
\$45,000 - \$49,999	\$61.82	\$164.04	\$229.47	\$306.17
\$50,000 - \$59,999	\$73.59	\$195.28	\$273.17	\$364.49
\$60,000 - \$69,999	\$85.37	\$226.53	\$316.88	\$422.81
\$70,000 - \$89,999	\$97.14	\$257.77	\$360.59	\$481.12
\$90,000 - \$109,999	\$103.03	\$273.39	\$382.44	\$510.28
>= \$110,000	\$108.92	\$289.02	\$404.30	\$539.44

Employee Per Pay Premium	Employee (EE)	EE + Spouse or EE + Child	EE + Spouse + Child(ren) or EE + Children	
<b style="color: blue;">DENTAL United Concordia <i>(Concordia Select) Low Option</i>	Bi-weekly 26 pays	\$9.54	\$19.34	\$31.95
	Semi-monthly 24 pays	\$10.33	\$20.95	\$34.61
	Non-12 month 17 pays	\$14.59	\$29.57	\$48.87
<b style="color: blue;">DENTAL United Concordia <i>(Concordia Choice) High Option</i>	Bi-weekly 26 pays	\$10.49	\$22.02	\$41.03
	Semi-monthly 24 pays	\$11.36	\$23.86	\$44.45
	Non-12 month 17 pays	\$16.04	\$33.68	\$62.75
<b style="color: blue;">VISION Vision Benefits of America	Bi-weekly 26 pays	\$1.41	\$3.29	\$4.78
	Semi-monthly 24 pays	\$1.53	\$3.56	\$5.18
	Non-12 month 17 pays	\$2.16	\$5.03	\$7.31