

OLCHS Insurance: Medical, Dental, & Vision

September 1, 2019 - August 31, 2020; Monthly Premiums

| <u>PPO Medical</u> | Annual Premium | Annual BOE Share | Annual EE Share | Monthly Premium | Monthly BOE Share | Monthly EE Share |
|--------------------|----------------|------------------|-----------------|-----------------|-------------------|------------------|
| EE | 9,368.40 | 8,056.82 | 1,311.58 | 780.70 | 671.40 | 109.30 |
| EE + Spouse | 18,117.96 | 13,769.65 | 4,348.31 | 1,509.83 | 1,147.47 | 362.36 |
| EE + Child(ren) | 17,386.80 | 13,213.97 | 4,172.83 | 1,448.90 | 1,101.16 | 347.74 |
| Family | 26,900.28 | 20,444.21 | 6,456.07 | 2,241.69 | 1,703.68 | 538.01 |
| EE Medicare | 7,262.16 | 6,245.46 | 1,016.70 | 605.18 | 520.45 | 84.73 |
| Family | 14,524.56 | 11,038.67 | 3,485.89 | 1,210.38 | 919.89 | 290.49 |
| EE Med/Spouse Reg | 16,630.56 | 12,639.23 | 3,991.33 | 1,385.88 | 1,053.27 | 332.61 |
| <u>HMO Medical</u> | | | | | | |
| EE | 7,869.48 | 6,767.75 | 1,101.73 | 655.79 | 563.98 | 91.81 |
| EE + Spouse | 15,219.12 | 11,566.53 | 3,652.59 | 1,268.26 | 963.88 | 304.38 |
| EE + Child(ren) | 14,604.96 | 11,099.77 | 3,505.19 | 1,217.08 | 924.98 | 292.10 |
| Family | 22,596.24 | 17,173.14 | 5,423.10 | 1,883.02 | 1,431.10 | 451.92 |
| EE Medicare | 6,100.20 | 5,246.17 | 854.03 | 508.35 | 437.18 | 71.17 |
| Family | 12,200.64 | 9,272.49 | 2,928.15 | 1,016.72 | 772.71 | 244.01 |
| EE Med/Spouse Reg | 13,969.68 | 10,616.96 | 3,352.72 | 1,164.14 | 884.75 | 279.39 |
| <u>HSA Medical</u> | | | | | | |
| EE | 7,963.20 | 6,848.35 | 1,114.85 | 663.60 | 570.70 | 92.90 |
| EE + Spouse | 15,400.32 | 11,704.24 | 3,696.08 | 1,283.36 | 975.35 | 308.01 |
| EE + Child(ren) | 14,778.84 | 11,231.92 | 3,546.92 | 1,231.57 | 935.99 | 295.58 |
| Family | 22,865.28 | 17,377.61 | 5,487.67 | 1,905.44 | 1,448.13 | 457.31 |
| EE Medicare | 6,172.80 | 5,308.61 | 864.19 | 514.40 | 442.38 | 72.02 |
| Family | 12,345.84 | 9,382.84 | 2,963.00 | 1,028.82 | 781.90 | 246.92 |
| EE Med/Spouse Reg | 14,136.00 | 10,743.36 | 3,392.64 | 1,178.00 | 895.28 | 282.72 |

| <u>PPO Dental</u> | Annual Premium | Annual BOE Share | Annual EE Share | Monthly Premium | Monthly BOE Share | Monthly EE Share |
|-------------------|----------------|------------------|-----------------|-----------------|-------------------|------------------|
| EE | 460.68 | 396.18 | 64.50 | 38.39 | 33.02 | 5.37 |
| EE + Spouse | 1,095.00 | 832.20 | 262.80 | 91.25 | 69.35 | 21.90 |
| EE + Child(ren) | 1,050.84 | 798.64 | 252.20 | 87.57 | 66.55 | 21.02 |
| Family | 1,625.88 | 1,235.67 | 390.21 | 135.49 | 102.97 | 32.52 |
| <u>HMO Dental</u> | | | | | | |
| EE | 416.04 | 357.79 | 58.25 | 34.67 | 29.82 | 4.85 |
| EE + Spouse | 801.48 | 609.12 | 192.36 | 66.79 | 50.76 | 16.03 |
| EE + Child(ren) | 882.60 | 670.78 | 211.82 | 73.55 | 55.90 | 17.65 |
| Family | 1,330.80 | 1,011.41 | 319.39 | 110.90 | 84.28 | 26.62 |
| <u>Vision</u> | | | | | | |
| EE | 79.08 | 68.01 | 11.07 | 6.59 | 5.67 | 0.92 |
| EE + Spouse | 150.12 | 114.09 | 36.03 | 12.51 | 9.51 | 3.00 |
| EE + Child(ren) | 158.16 | 120.20 | 37.96 | 13.18 | 10.02 | 3.16 |
| Family | 232.32 | 176.56 | 55.76 | 19.36 | 14.71 | 4.65 |

Notes

EE =Employee
 BOE Share: 86.0% Single
 76.0% Dependent
 HMO Medical =BlueAdvantage HMO Plan
 Date: 06/19/2019

