

**OLCHS Insurance: Medical, Dental, & Vision**

September 1, 2020 - August 31, 2021; Monthly Premiums

<u>PPO Medical</u>	Annual Premium	Annual BOE Share	Annual EE Share	Monthly Premium	Monthly BOE Share	Monthly EE Share
EE	9,555.72	8,217.92	1,337.80	796.31	684.83	111.48
EE + Spouse	18,480.36	14,045.07	4,435.29	1,540.03	1,170.42	369.61
EE + Child(ren)	17,734.56	13,478.27	4,256.29	1,477.88	1,123.19	354.69
Family	27,438.24	20,853.06	6,585.18	2,286.52	1,737.76	548.76
EE Medicare	7,407.36	6,370.33	1,037.03	617.28	530.86	86.42
Family	14,815.08	11,259.46	3,555.62	1,234.59	938.29	296.30
EE Med/Spouse Reg	16,963.08	12,891.94	4,071.14	1,413.59	1,074.33	339.26
<b><u>HMO Medical</u></b>						
EE	8,026.92	6,903.15	1,123.77	668.91	575.26	93.65
EE + Spouse	15,523.56	11,797.91	3,725.65	1,293.63	983.16	310.47
EE + Child(ren)	14,897.04	11,321.75	3,575.29	1,241.42	943.48	297.94
Family	23,048.16	17,516.60	5,531.56	1,920.68	1,459.72	460.96
EE Medicare	6,222.24	5,351.13	871.11	518.52	445.93	72.59
Family	12,444.60	9,457.90	2,986.70	1,037.05	788.16	248.89
EE Med/Spouse Reg	14,249.16	10,829.36	3,419.80	1,187.43	902.45	284.98
<b><u>HSA Medical</u></b>						
EE	8,122.44	6,985.30	1,137.14	676.87	582.11	94.76
EE + Spouse	15,708.36	11,938.35	3,770.01	1,309.03	994.86	314.17
EE + Child(ren)	15,074.40	11,456.54	3,617.86	1,256.20	954.71	301.49
Family	23,322.60	17,725.18	5,597.42	1,943.55	1,477.10	466.45
EE Medicare	6,296.28	5,414.80	881.48	524.69	451.23	73.46
Family	12,592.80	9,570.53	3,022.27	1,049.40	797.54	251.86
EE Med/Spouse Reg	14,418.72	10,958.23	3,460.49	1,201.56	913.19	288.37

<u>PPO Dental</u>	Annual Premium	Annual BOE Share	Annual EE Share	Monthly Premium	Monthly BOE Share	Monthly EE Share
EE	509.52	438.19	71.33	42.46	36.52	5.94
EE + Spouse	1,211.04	920.39	290.65	100.92	76.70	24.22
EE + Child(ren)	1,162.20	883.27	278.93	96.85	73.61	23.24
Family	1,798.20	1,366.63	431.57	149.85	113.89	35.96
<b><u>HMO Dental</u></b>						
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
<b><u>Vision</u></b>						
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  
 HSA Annual District Contribution: \$500/Single; \$1,000/Dependent  
 HMO Medical =BlueAdvantage HMO Plan  
 Date: 05/19/2020

