

## Paying For Benefits - 2020

| Coverage                       | Your Monthly Cost |
|--------------------------------|-------------------|
| <b>\$2,000 Deductible PPO</b>  |                   |
| Employee Only                  | \$733.84          |
| Employee + Spouse              | \$1,614.44        |
| Employee + Child(ren)          | \$1,541.06        |
| Employee + Spouse + Child(ren) | \$2,348.28        |
| <b>\$2,800 Deductible HDHP</b> |                   |
| Employee Only                  | \$671.25          |
| Employee + Spouse              | \$1,476.76        |
| Employee + Child(ren)          | \$1,409.64        |
| Employee + Spouse + Child(ren) | \$2,148.03        |
| <b>\$5,000 Deductible HDHP</b> |                   |
| Employee Only                  | \$644.11          |
| Employee + Spouse              | \$1,417.06        |
| Employee + Child(ren)          | \$1,288.25        |
| Employee + Spouse + Child(ren) | \$2,061.19        |
| <b>Dental Plan</b>             |                   |
| Employee Only                  | \$44.12           |
| Employee + One                 | \$86.22           |
| Family                         | \$119.11          |
| <b>Vision Plan</b>             |                   |
| Employee Only                  | \$6.41            |
| Employee + One                 | \$12.81           |
| Family                         | \$20.62           |