

HEALTH/DENTAL INSURANCE PREMIUM RATES
Effective for deductions in December 2020

HDHP #1				
Deductible – Single \$2,000 Family \$4,000	ANNUAL PREMIUM	EMPLOYER CONTRI- BUTION	ANNUAL EMPLOYEE COST	PER PAY DEDUCTION
Single	\$8,433.28	\$5,925.00	\$2,508.28	\$139.35
Employee & Spouse	\$19,363.68	\$11,000.00	\$8,363.68	\$464.65
Employee & Child(ren)	\$15,238.76	\$7,400.00	\$7,838.76	\$435.49
Family	\$24,045.52	\$15,400.00	\$8,645.52	\$480.31
Family, Both Employed Full-time	\$24,045.52	\$15,750.00	\$8,295.52	\$460.86

HDHP #2				
Deductible – Single \$3,000 Family \$6,000	ANNUAL PREMIUM	EMPLOYER CONTRI- BUTION	ANNUAL EMPLOYEE COST	PER PAY DEDUCTION
Single	\$7,705.28	\$5,925.00	\$1,780.28	\$ 98.90
Employee & Spouse	\$17,689.68	\$11,000.00	\$6,689.68	\$371.65
Employee & Child(ren)	\$13,927.76	\$7,400.00	\$6,527.76	\$362.65
Family	\$22,007.52	\$15,400.00	\$6,607.52	\$367.08
Family, Both Employed Full-time	\$22,007.52	\$15,750.00	\$6,257.52	\$347.64

HDHP #3				
Deductible – Single \$4,000 Family \$8,000	ANNUAL PREMIUM	EMPLOYER CONTRI- BUTION	ANNUAL EMPLOYEE COST	PER PAY DEDUCTION
Single	\$7,511.28	\$5,925.00	\$1,586.28	\$ 88.13
Employee & Spouse	\$17,244.68	\$11,000.00	\$6,244.68	\$346.93
Employee & Child(ren)	\$13,578.76	\$7,400.00	\$6,178.76	\$343.26
Family	\$21,547.52	\$15,400.00	\$6,147.52	\$341.53
Family, Both Employed Full-time	\$21,547.52	\$15,750.00	\$5,797.52	\$322.08

HDHP #4				
Deductible – Single \$5,000 Family \$10,000	ANNUAL PREMIUM	EMPLOYER CONTRI- BUTION	ANNUAL EMPLOYEE COST	PER PAY DEDUCTION
Single	\$7,102.28	\$5,925.00	\$1,177.28	\$ 65.40
Employee & Spouse	\$16,302.68	\$11,000.00	\$5,302.68	\$294.59
Employee & Child(ren)	\$12,842.76	\$7,400.00	\$5,442.76	\$302.38
Family	\$20,591.52	\$15,400.00	\$5,191.52	\$288.42
Family, Both Employed Full-time	\$20,591.52	\$15,750.00	\$4,841.52	\$268.97