

2020 Health Insurance Plan Costs

Medical

Salary Tier	Plan	Coverage Level	Total Monthly Premium	Monthly HACC Cost	Per Pay HACC Cost	Monthly Employee Cost	Per Pay Employee Cost (2 pays per month = 24 pays per year)	Total Monthly Premium (Retirees under 65 and PPACA)	Per Pay Employee Cost (2 pays per month = 24 pays per year for PPACA)	COBRA	
TIER 1: Less than \$40,000	PPO 500 (Premium)	Single	\$ 930.61	\$ 691.95	\$ 345.98	\$ 238.66	\$ 119.33	\$ 930.61	\$ 465.31	\$ 949.22	
		Couple	\$ 2,093.82	\$ 1,523.54	\$ 761.77	\$ 570.28	\$ 285.14	\$ 2,093.82	\$ 1,046.91	\$ 2,135.70	
		Parent/Child	\$ 1,581.98	\$ 1,212.10	\$ 606.05	\$ 369.88	\$ 184.94	\$ 1,581.98	\$ 790.99	\$ 1,613.62	
		Parent/Children	\$ 2,447.44	\$ 1,737.76	\$ 868.88	\$ 709.68	\$ 354.84	\$ 2,447.44	\$ 1,223.72	\$ 2,496.39	
		Family	\$ 2,698.69	\$ 1,891.11	\$ 945.56	\$ 807.58	\$ 403.79	\$ 2,698.69	\$ 1,349.35	\$ 2,752.66	
	High Deductible	Single	\$ 588.82	\$ 581.82	\$ 290.91	\$ 7.00	\$ 3.50	\$ 588.82	\$ 294.41	\$ 600.60	
		Couple	\$ 1,324.80	\$ 1,309.80	\$ 654.90	\$ 15.00	\$ 7.50	\$ 1,324.80	\$ 662.40	\$ 1,351.30	
		Parent/Child	\$ 1,000.95	\$ 988.95	\$ 494.48	\$ 12.00	\$ 6.00	\$ 1,000.95	\$ 500.48	\$ 1,020.97	
		Parent/Children	\$ 1,548.54	\$ 1,530.54	\$ 765.27	\$ 18.00	\$ 9.00	\$ 1,548.54	\$ 774.27	\$ 1,579.51	
		Family	\$ 1,707.52	\$ 1,688.52	\$ 844.26	\$ 19.00	\$ 9.50	\$ 1,707.52	\$ 853.76	\$ 1,741.67	
	CareConnect	Single	\$ 924.32	\$ 698.24	\$ 349.12	\$ 226.08	\$ 113.04	\$ 924.32	\$ 462.16	\$ 942.81	
		Couple	\$ 2,079.67	\$ 1,537.68	\$ 768.84	\$ 541.99	\$ 271.00	\$ 2,079.67	\$ 1,039.84	\$ 2,121.26	
		Parent/Child	\$ 1,571.29	\$ 1,222.78	\$ 611.39	\$ 348.51	\$ 174.26	\$ 1,571.29	\$ 785.65	\$ 1,602.72	
		Parent/Children	\$ 2,430.90	\$ 1,754.29	\$ 877.15	\$ 676.61	\$ 338.31	\$ 2,430.90	\$ 1,215.45	\$ 2,479.52	
		Family	\$ 2,680.46	\$ 1,909.35	\$ 954.68	\$ 771.11	\$ 385.56	\$ 2,680.46	\$ 1,340.23	\$ 2,734.07	
TIER 2: \$40,000 - \$55,000	PPO 500 (Premium)	Single	\$ 930.61	\$ 667.95	\$ 333.98	\$ 262.66	\$ 131.33	Dental	Total Monthly Premium	Monthly Employee Cost	COBRA
		Couple	\$ 2,093.82	\$ 1,469.54	\$ 734.77	\$ 624.28	\$ 312.14				
		Parent/Child	\$ 1,581.98	\$ 1,169.10	\$ 584.55	\$ 412.88	\$ 206.44				
		Parent/Children	\$ 2,447.44	\$ 1,676.76	\$ 838.38	\$ 770.68	\$ 385.34				
		Family	\$ 2,698.69	\$ 1,824.11	\$ 912.06	\$ 874.58	\$ 437.29				
	High Deductible	Single	\$ 588.82	\$ 557.82	\$ 278.91	\$ 31.00	\$ 15.50	Dental Buy-Up	Total Monthly Premium	Monthly Employee Cost	COBRA
		Couple	\$ 1,324.80	\$ 1,255.80	\$ 627.90	\$ 69.00	\$ 34.50				
		Parent/Child	\$ 1,000.95	\$ 945.95	\$ 472.98	\$ 55.00	\$ 27.50				
		Parent/Children	\$ 1,548.54	\$ 1,469.54	\$ 734.77	\$ 79.00	\$ 39.50				
		Family	\$ 1,707.52	\$ 1,621.52	\$ 810.76	\$ 86.00	\$ 43.00				
	CareConnect	Single	\$ 924.32	\$ 674.24	\$ 337.12	\$ 250.08	\$ 125.04	Vision	Total Monthly Premium	Monthly Employee Cost	COBRA
		Couple	\$ 2,079.67	\$ 1,483.68	\$ 741.84	\$ 595.99	\$ 298.00				
		Parent/Child	\$ 1,571.29	\$ 1,179.78	\$ 589.89	\$ 391.51	\$ 195.76				
		Parent/Children	\$ 2,430.90	\$ 1,693.29	\$ 846.65	\$ 737.61	\$ 368.81				
		Family	\$ 2,680.46	\$ 1,842.35	\$ 921.18	\$ 838.11	\$ 419.06				
Employee Only	\$ 29.40	No Cost	\$ 29.99								
Family	\$ 72.91	No Cost	\$ 74.37								
Employee Only	\$ 39.99	\$ 10.59	\$ 40.79								
Family	\$ 99.17	\$ 26.26	\$ 101.15								
Employee Only	\$ 4.31	No Cost	\$ 4.40								
Employee + 1	\$ 7.77	No Cost	\$ 7.93								
Family	\$ 11.21	No Cost	\$ 11.43								

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TIER 3: More than \$55,000 and less than \$70,000	PPO 500 (Premium)	Single	\$ 930.61	\$ 649.95	\$ 324.98	\$ 280.66	\$ 140.33	Employee Only	\$ 8.82	\$ 4.51	\$ 9.00	
		Couple	\$ 2,093.82	\$ 1,430.54	\$ 715.27	\$ 663.28	\$ 331.64	Employee + 1	\$ 15.89	\$ 8.12	\$ 16.21	
		Parent/Child	\$ 1,581.98	\$ 1,138.10	\$ 569.05	\$ 443.88	\$ 221.94	Family	\$ 22.94	\$ 11.73	\$ 23.40	
		Parent/Children	\$ 2,447.44	\$ 1,632.76	\$ 816.38	\$ 814.68	\$ 407.34					
		Family	\$ 2,698.69	\$ 1,776.11	\$ 888.06	\$ 922.58	\$ 461.29					
	High Deductible	Single	\$ 588.82	\$ 539.82	\$ 269.91	\$ 49.00	\$ 24.50					
		Couple	\$ 1,324.80	\$ 1,216.80	\$ 608.40	\$ 108.00	\$ 54.00					
		Parent/Child	\$ 1,000.95	\$ 914.95	\$ 457.48	\$ 86.00	\$ 43.00					
		Parent/Children	\$ 1,548.54	\$ 1,425.54	\$ 712.77	\$ 123.00	\$ 61.50					
	CareConnect	Family	\$ 1,707.52	\$ 1,573.52	\$ 786.76	\$ 134.00	\$ 67.00					
		Single	\$ 924.32	\$ 656.24	\$ 328.12	\$ 268.08	\$ 134.04					
		Couple	\$ 2,079.67	\$ 1,444.68	\$ 722.34	\$ 634.99	\$ 317.50					
		Parent/Child	\$ 1,571.29	\$ 1,148.78	\$ 574.39	\$ 422.51	\$ 211.26					
		Parent/Children	\$ 2,430.90	\$ 1,649.29	\$ 824.65	\$ 781.61	\$ 390.81					
	Family	\$ 2,680.46	\$ 1,794.35	\$ 897.18	\$ 886.11	\$ 443.06						
	TIER 4: More than \$70,000	PPO 500 (Premium)	Single	\$ 930.61	\$ 618.95	\$ 309.48	\$ 311.66	\$ 155.83				
			Couple	\$ 2,093.82	\$ 1,361.54	\$ 680.77	\$ 732.28	\$ 366.14				
			Parent/Child	\$ 1,581.98	\$ 1,083.10	\$ 541.55	\$ 498.88	\$ 249.44				
Parent/Children			\$ 2,447.44	\$ 1,553.76	\$ 776.88	\$ 893.68	\$ 446.84					
Family			\$ 2,698.69	\$ 1,690.11	\$ 845.06	\$ 1,008.58	\$ 504.29					
High Deductible		Single	\$ 588.82	\$ 508.82	\$ 254.41	\$ 80.00	\$ 40.00					
		Couple	\$ 1,324.80	\$ 1,147.80	\$ 573.90	\$ 177.00	\$ 88.50					
		Parent/Child	\$ 1,000.95	\$ 859.95	\$ 429.98	\$ 141.00	\$ 70.50					
		Parent/Children	\$ 1,548.54	\$ 1,346.54	\$ 673.27	\$ 202.00	\$ 101.00					
CareConnect		Family	\$ 1,707.52	\$ 1,487.52	\$ 743.76	\$ 220.00	\$ 110.00					
		Single	\$ 924.32	\$ 625.24	\$ 312.62	\$ 299.08	\$ 149.54					
		Couple	\$ 2,079.67	\$ 1,375.68	\$ 687.84	\$ 703.99	\$ 352.00					
		Parent/Child	\$ 1,571.29	\$ 1,093.78	\$ 546.89	\$ 477.51	\$ 238.76					
		Parent/Children	\$ 2,430.90	\$ 1,570.29	\$ 785.15	\$ 860.61	\$ 430.31					
Family		\$ 2,680.46	\$ 1,708.35	\$ 854.18	\$ 972.11	\$ 486.06						