

All rates shown below are monthly rates

Medical Rates 2019

	PPO (Blue Options 3769)		HMO (Blue Care 58)		DV Plan (Waive Medical)	
Coverage Level	Employer Paid	Employee Paid	Employer Paid	Employee Paid	Employer Paid	Employee Paid
Employee Only	\$625.00	\$0.00	\$589.00	\$0.00	\$111.00	\$0.00
Employee + Spouse	\$625.00	\$604.00	\$589.00	\$589.00	\$111.00	\$29.84
Employee + Children (1-2)	\$625.00	\$453.00	\$589.00	\$447.00	\$111.00	\$30.58
Employee + Children (3+)	\$625.00	\$624.00	\$589.00	\$608.00	\$111.00	\$30.58
Employee + Family	\$625.00	\$745.00	\$589.00	\$726.00	\$111.00	\$66.16

Dental Rates 2019

Coverage Type	Delta Dental	
	Dental PPO	Dental HMO
Employee Only	\$25.98	\$11.72
EE + Spouse/Domestic Partner	\$54.56	\$20.50
EE + Children	\$55.10	\$24.62
EE + Family	\$91.34	\$34.56

Vision Rates 2019

Coverage Type	Cost
Employee Only	\$5.86
Employee + Spouse/Domestic Partner	\$11.74
Employee + Children	\$12.08
Employee + Family	\$16.72