



FY 2020 Active Employee Health Plans and Rates **ARLINGTON**
Effective July 1, 2019 to June 30, 2020 **VIRGINIA**
Detail of Premium Sharing

Cigna OAP IN Copay Plan

	Current Employee Biweekly	July 1 Employee Biweekly	County Biweekly Share	County % Share	Employee Increase Per Pay	Employee Plan Year \$ Change
Employee only	\$69.19	\$69.19	\$276.77	80%	\$0	\$0
Employee + Spouse	\$177.31	\$177.31	\$531.92	75%	\$0	\$0
Employee + Child/ren	\$151.36	\$151.36	\$454.07	75%	\$0	\$0
Family	\$259.48	\$259.48	\$778.42	75%	\$0	\$0

Cigna OAP IN 10% Coinsurance Plan

	Current Employee Biweekly	July 1 Employee Biweekly	County Biweekly Share	County % Share	Employee Increase Per Pay	Employee Plan Year \$ Change
Employee only	\$62.91	\$62.90	\$251.62	80%	\$0	\$0
Employee + Spouse	\$161.19	\$161.19	\$483.59	75%	\$0	\$0
Employee + Child/ren	\$137.61	\$137.61	\$412.82	75%	\$0	\$0
Family	\$235.89	\$235.89	\$707.66	75%	\$0	\$0

Cigna OAP Plan (In & Out-of-Network Options; Coinsurance)

	Current Employee Biweekly	July 1 Employee Biweekly	County Biweekly Share	County % Share	Employee Increase Per Pay	Employee Plan Year \$ Change
Employee only	\$205.02	\$205.04	\$251.62	55%	\$0	\$0
Employee + Spouse	\$452.61	\$452.59	\$483.59	52%	\$0	\$0
Employee + Child/ren	\$409.14	\$409.14	\$412.82	50%	\$0	\$0
Family	\$662.28	\$662.30	\$707.66	52%	\$0	\$0

KAISER Signature HMO Plan

	Current Employee Biweekly	July 1 Employee Biweekly	County Biweekly Share	County % Share	Employee Increase Per Pay	Employee Plan Year \$ Change
Employee only	\$51.07	\$52.03	\$208.14	80%	\$0.96	\$25
Employee + Spouse	\$134.42	\$136.96	\$410.90	75%	\$2.54	\$66
Employee + Child/ren	\$118.42	\$120.66	\$362.00	75%	\$2.24	\$58
Family	\$194.82	\$198.51	\$595.52	75%	\$3.69	\$96

DELTA DENTAL of VA - Standard

	Current Employee Biweekly	July 1 Employee Biweekly	County Biweekly Share	County % Share	Employee Increase Per Pay	Employee Plan Year \$ Change
Employee only	\$3.40	\$3.40	\$13.59	80%	\$0	\$0
Employee + Spouse	\$8.49	\$8.49	\$25.46	75%	\$0	\$0
Employee + Child/ren	\$9.24	\$9.24	\$27.73	75%	\$0	\$0
Family	\$12.95	\$12.95	\$38.84	75%	\$0	\$0

DELTA DENTAL of VA - Premium

	Current Employee Biweekly	July 1 Employee Biweekly	County Biweekly Share	County % Share	Employee Increase Per Pay	Employee Plan Year \$ Change
Employee only		\$10.20	\$10.21	50%		NA
Employee + Spouse		\$20.41	\$20.41	50%		NA
Employee + Child/ren		\$22.23	\$22.23	50%		NA
Family		\$31.14	\$31.14	50%		NA