



## Active Employee Biweekly Health and Dental Premiums

*Effective July 1, 2019 – June 30, 2020*

### Copay Plans:

### Coinsurance Plans:

	Kaiser				Cigna OAP-IN				Cigna OAP-IN				Cigna OAP		Delta Dental Standard		Delta Dental Premium	
	Per Pay Period		Per Pay Period		Per Pay Period		Per Pay Period		Per Pay Period		Per Pay Period		Per Pay Period					
	Employee Contribution	County Contribution	Employee Contribution	County Contribution	Employee Contribution	County Contribution	Employee Contribution	County Contribution	Employee Contribution	County Contribution	Employee Contribution	County Contribution	Employee Contribution	County Contribution				
<b>Full-time (30-40 hours/week)</b>																		
Single	\$ 52.02	\$ 208.13	\$ 69.19	\$ 276.77	\$ 62.91	\$ 251.62	\$ 205.02	\$ 251.62	\$ 3.40	\$ 13.59	\$ 10.21	\$ 10.21						
Employee + Spouse or Adult Dependent	\$ 136.97	\$ 410.90	\$ 177.31	\$ 531.92	\$ 161.19	\$ 483.59	\$ 452.61	\$ 483.59	\$ 8.49	\$ 25.46	\$ 20.41	\$ 20.41						
Employee + Child(ren)	\$ 120.67	\$ 362.00	\$ 151.36	\$ 454.07	\$ 137.61	\$ 412.82	\$ 409.14	\$ 412.82	\$ 9.24	\$ 27.73	\$ 22.23	\$ 22.23						
Family	\$ 198.51	\$ 595.52	\$ 259.48	\$ 778.42	\$ 235.89	\$ 707.66	\$ 662.28	\$ 707.66	\$ 12.95	\$ 38.84	\$ 31.14	\$ 31.14						
<b>Part-time (20-29 hours/week)</b>																		
Single	\$ 130.09	\$ 130.08	\$ 172.98	\$ 172.98	\$ 157.27	\$ 157.26	\$ 299.40	\$ 157.26	\$ 8.50	\$ 8.50	\$ 15.31	\$ 5.10						
Employee + Spouse or Adult Dependent	\$ 273.93	\$ 273.93	\$ 354.62	\$ 354.62	\$ 322.38	\$ 322.39	\$ 613.79	\$ 322.39	\$ 16.98	\$ 16.98	\$ 30.62	\$ 10.21						
Employee + Child(ren)	\$ 241.34	\$ 241.33	\$ 302.73	\$ 302.72	\$ 275.22	\$ 275.22	\$ 546.75	\$ 275.22	\$ 18.48	\$ 18.49	\$ 33.35	\$ 11.12						
Family	\$ 397.01	\$ 397.02	\$ 518.96	\$ 518.95	\$ 471.78	\$ 471.78	\$ 898.19	\$ 471.78	\$ 25.90	\$ 25.90	\$ 46.71	\$ 15.57						
<b>Part-time (10-19 hours/week)</b>																		
Single	\$ 182.11	\$ 78.05	\$ 242.18	\$ 103.79	\$ 220.18	\$ 94.36	\$ 362.30	\$ 94.36	\$ 11.89	\$ 5.10	\$ 18.37	\$ 2.04						
Employee + Spouse or Adult Dependent	\$ 383.50	\$ 164.36	\$ 496.46	\$ 212.77	\$ 451.35	\$ 193.43	\$ 742.75	\$ 193.43	\$ 23.76	\$ 10.19	\$ 36.74	\$ 4.08						
Employee + Child(ren)	\$ 337.86	\$ 144.80	\$ 423.80	\$ 181.63	\$ 385.30	\$ 165.13	\$ 656.83	\$ 165.13	\$ 25.88	\$ 11.09	\$ 40.01	\$ 4.45						
Family	\$ 555.82	\$ 238.21	\$ 726.53	\$ 311.37	\$ 660.49	\$ 283.07	\$ 1,086.90	\$ 283.07	\$ 36.25	\$ 15.54	\$ 56.05	\$ 6.23						