2019 Monthly Benefit Rates

The monthly employee contributions effective January 1, 2019 are noted below.

2019 MONTHLY MEDICAL RATES

Enrollment Tier	Blue Care Elect Saver w/ HSA	Blue Care Elect Deductible w/ HRA	Advantage Blue
Employee Only	\$175.72	\$165.57	\$304.40
Employee + Spouse	\$383.07	\$360.94	\$663.58
Employee + Child(ren)	\$333.87	\$314.58	\$578.36
Family	\$544.72	\$513.26	\$943.63

2019 MONTHLY DENTAL RATES

Enrollment Tier	Delta Dental
Employee Only	\$11.77
Employee + Spouse	\$25.66
Employee + Child(ren)	\$22.36
Family	\$36.49

2019 MONTHLY EYEMED VISION RATES

Enrollment Tier	EyeMed
Employee Only	\$6.39
Employee + Spouse	\$12.13
Employee + Child(ren)	\$12.77
Family	\$18.77

2019 Per Pay Period Benefit Rates

The bi-weekly per pay period employee contributions effective January 1, 2019 are noted below.

This is calculated based on <u>26</u> pay periods

2019 PER PAY PERIOD MEDICAL RATES

Enrollment Tier	Blue Care Elect Saver w/ HSA	Blue Care Elect Deductible w/ HRA	Advantage Blue
Employee Only	\$81.10	\$76.42	\$140.49
Employee + Spouse	\$176.80	\$166.59	\$306.27
Employee + Child(ren)	\$154.09	\$145.19	\$266.93
Family	\$251.41	\$236.89	\$435.52

2019 PER PAY PERIOD DENTAL RATES

Enrollment Tier	Delta Dental
Employee Only	\$5.43
Employee + Spouse	\$11.84
Employee + Child(ren)	\$10.32
Family	\$16.84

2019 PER PAY PERIOD VISION RATES

Enrollment Tier	EyeMed
Employee Only	\$2.95
Employee + Spouse	\$5.60
Employee + Child(ren)	\$5.89
Family	\$8.66

2019 LIFE INSURANCE RATES

Basic Life & AD&D

Age Bracket Bi-weekly Life/AD&D Rate per

\$1,000

Rate per \$1,000 \$0.048

Supplemental Life - Employee & Spouse

Age Bracket	Monthly Life/AD&D Rate per \$1,000	Biweekly Life/AD&D Rate per \$1,000
< 25	\$0.107	\$0.049
25-29	\$0.107	\$0.049
30-34	\$0.117	\$0.054
35-39	\$0.167	\$0.077
40-44	\$0.247	\$0.114
45-49	\$0.377	\$0.174
50-54	\$0.557	\$0.257
55-59	\$0.947	\$0.437
60-64	\$1.077	\$0.497
65-69	\$1.677	\$0.774
70-74	\$2.927	\$1.351
75-79	\$4.977	\$2.297
80-84	\$4.977	\$2.297
85-89	\$4.977	\$2.297
90+	\$4.977	\$2.297

Voluntary Life - Crifid			
Option	Monthly Rate	Biweekly Rate	
Option 1: \$5,000	\$1.220	\$0.563	
Option 2: \$10,000	\$2.510	\$1.158	