

2020 Employee Health, Dental & Vision Premiums

BCBS HRA Medical Plan Rates - Biweekly		
<u>Coverage Type</u>	<u>Regular HRA Rate</u>	<u>Non-Tobacco Discount</u>
<i>Employee Only</i>	\$37.75	\$26.50
<i>Employee + Spouse</i>	\$158.50	\$114.50
<i>Employee + Child(ren)</i>	\$120.25	\$85.50
<i>Family</i>	\$191.00	\$138.00

Health Savings Account Medical Plan Rates - Biweekly		
<u>Coverage Type</u>	<u>Regular HSA Rate</u>	<u>Non-Tobacco Discount</u>
<i>Employee Only</i>	\$19.50	\$13.75
<i>Employee + Spouse</i>	\$108.25	\$75.75
<i>Employee + Child(ren)</i>	\$76.00	\$53.50
<i>Family</i>	\$135.50	\$95.00

*Discounted HRA rates are only available to employees who have completed the **Non-Tobacco User Insurance Premium Affidavit** for the 2020 plan year.

UC Dental Insurance Rates - Biweekly	
<u>Coverage Type</u>	<u>Rate</u>
<i>Employee Only</i>	\$3.75
<i>Employee + Spouse</i>	\$16.25
<i>Employee + Child(ren)</i>	\$12.00
<i>Family</i>	\$20.00

EyeMed Vision Insurance Rates - Biweekly	
<u>Coverage Type</u>	<u>Rate</u>
<i>Employee Only</i>	\$1.00
<i>Employee + Spouse</i>	\$2.00
<i>Employee + Child(ren)</i>	\$1.50
<i>Family</i>	\$2.50