

**MEDICAL, DENTAL AND VISION MONTHLY CONTRIBUTIONS
JANUARY 2020 - DECEMBER 2020**

LEVEL OF COVERAGE	MEDICAL				DENTAL		VISION	
	SDHP	PPO	EPO	NON-NETWORK	BASIC	PLUS	BASIC	PLUS
EMPLOYEE								
Employee Only	\$8.00	\$97.00	\$123.00	\$97.00	\$9.00	\$16.00	\$6.38	\$11.66
Employee and Spouse	\$22.00	\$248.00	\$314.00	\$248.00	\$16.00	\$27.00	\$12.24	\$22.34
Employee and Child(ren)	\$20.00	\$231.00	\$294.00	\$231.00	\$17.00	\$31.00	\$12.78	\$23.34
Employee and Family	\$34.00	\$382.00	\$485.00	\$382.00	\$26.00	\$33.00	\$19.72	\$36.00
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Surviving Spouse Only or Surviving Child Only	\$29.00	\$194.00	\$284.00	\$194.00	\$41.00	\$45.00	\$6.38	\$11.66
Retiree and Spouse	\$58.00	\$387.00	\$570.00	\$387.00	\$71.00	\$83.00	\$12.24	\$22.34
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	\$49.00	\$330.00	\$486.00	\$330.00	\$72.00	\$84.00	\$12.78	\$23.34
Retiree and Family	\$68.00	\$464.00	\$683.00	\$464.00	\$105.00	\$117.00	\$19.72	\$36.00
DISABILITY RETIREE ELIGIBLE FOR MEDICARE								
Retiree on Medicare Only or Surviving Spouse on Medicare Only	N/A	N/A	N/A	\$141.00	\$41.00	\$45.00	\$6.38	\$11.66
Retiree on Medicare and Spouse	N/A	N/A	N/A	\$229.00	\$71.00	\$83.00	\$12.24	\$22.34
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	N/A	N/A	N/A	\$218.00	\$72.00	\$84.00	\$12.78	\$23.34
Retiree on Medicare and Family	N/A	N/A	N/A	\$306.00	\$105.00	\$117.00	\$19.72	\$36.00
CONNECTOR MODEL RETIREE/DEPENDENTS NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Spouse Only	\$24.00	\$206.00	\$246.00	\$206.00	\$41.00	\$45.00	\$6.38	\$11.66
Child(ren) Only	\$16.00	\$105.00	\$119.00	\$105.00	\$31.00	\$39.00	\$6.38	\$11.66
Retiree and Child(ren) or Spouse and Child(ren)	\$39.00	\$314.00	\$364.00	\$314.00	\$72.00	\$84.00	\$12.78	\$23.34