

Full-Time Employee Premiums

2019 Plan Year Benefit Rates

January 1, 2019 - December 31, 2019

Bi-weekly payroll deduction rates

Medical - Traditional	Standard Rate	Wellness Discount
Employee Only	\$95.86	\$31.90
Employee + Spouse	\$245.94	\$112.20
Employee + Child(ren)	\$152.50	\$85.80
Employee + Family	\$277.84	\$144.10

Medical - Liberty	Standard Rate	Wellness Discount
Employee Only	\$65.91	\$24.65
Employee + Spouse	\$182.07	\$86.70
Employee + Child(ren)	\$123.67	\$66.30
Employee + Family	\$216.55	\$111.35

Dental	Standard	Enhanced	Premier
Employee Only	\$4.11	\$4.19	\$8.31
Employee + Spouse	\$10.46	\$11.55	\$20.28
Employee + Child(ren)	\$10.56	\$12.60	\$22.29
Employee + Family	\$17.23	\$21.01	\$36.81

Vision	Standard	Premier
Employee Only	\$3.78	\$6.34
Employee + Spouse	\$7.38	\$12.36
Employee + Child(ren)	\$7.94	\$18.36
Employee + Family	\$8.43	\$19.50