

IC 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	\$63.96	\$0.00
Employee + Spouse	\$214.04	\$80.30
Employee + Child(ren)	\$120.60	\$53.90
Employee + Family	\$245.94	\$112.20

Medical - Liberty	Standard Rate	Wellness Discount
Employee Only	\$41.26	\$0.00
Employee + Spouse	\$157.42	\$62.05
Employee + Child(ren)	\$99.02	\$41.65
Employee + Family	\$191.90	\$86.70

Dental	Standard	Enhanced	Premier
Employee Only	\$0.00	\$0.08	\$4.20
Employee + Spouse	\$6.35	\$7.44	\$16.17
Employee + Child(ren)	\$6.46	\$8.49	\$18.18
Employee + Family	\$13.12	\$16.90	\$32.70

Vision	Standard	Premier
Employee Only	\$0.00	\$2.56
Employee + Spouse	\$3.60	\$8.58
Employee + Child(ren)	\$4.16	\$14.58
Employee + Family	\$4.65	\$15.72