

2020

M O N T H L Y

**TOTAL
PREMIUM**

**COLLEGE
CONTRIB.**

**EMPLOYEE
CONTRIB.**

ACTIVES- CAPITAL BLUECROSS

Standard PPO

INDIVIDUAL	\$618.24	\$556.42	\$61.82
EMPL+SP/PARTNER	1,697.74	1,137.72	560.02
PARENT/CHILD	1,444.62	1,135.48	309.14
PARENT/CHILDREN	1,518.70	1,189.14	329.56
FAMILY	1,771.82	1,190.20	581.62

High Deductible/HSA

INDIVIDUAL	\$589.10	\$556.42	\$32.68
EMPL+SP/PARTNER	1,526.32	1,137.72	388.60
PARENT/CHILD	1,336.02	1,135.48	200.54
PARENT/CHILDREN	1,391.72	1,189.14	202.58
FAMILY	1,582.00	1,190.20	391.80

Low Deductible

INDIVIDUAL	\$759.08	\$556.42	\$202.66
EMPL+SP/PARTNER	2,158.42	1,137.72	1,020.70
PARENT/CHILD	1,836.64	1,135.48	701.16
PARENT/CHILDREN	1,930.80	1,189.14	741.66
FAMILY	2,252.62	1,190.20	1,062.42

Capital BlueCross Dental PPO Preferred

SINGLE COVERAGE	\$39.52	-	\$39.52
TWO-PARTY	79.06	-	79.06
THREE OR MORE	102.24	-	102.24