2020

M O N T H L Y

	TOTAL PREMIUM	COLLEGE CONTRIB.	EMPLOYEE CONTRIB.
PRE-65 RETIREES			
Capital Blue Cross Standard PPO			
RETIREE	$618.24	$556.42	$61.82
SP/SURV SP/PARTNER	618.24	432.77	185.47
RETIREE+SP/PARTNER	1697.74	1,137.72	560.02
RETIREE/CHILD	1,444.62	1,135.48	309.14
RETIREE/CHILDREN	1,518.70	1,189.14	329.56
FAMILY	1,771.82	1,190.20	581.62
Capital Blue Cross Low Deductible			
RETIREE	$759.08	$556.42	$202.66
SP/SURV SP/PARTNER	759.08	432.77	326.31
RETIREE+SP/PARTNER	2,158.42	1,137.72	1,020.70
RETIREE/CHILD	1,836.64	1,135.48	701.16
RETIREE/CHILDREN	1,930.80	1,189.14	741.66
FAMILY	2,252.62	1,190.20	1,062.42
POST-65 RETIREES			
Highmark FreedomBlue PPO			
RETIREE	$235.00	$211.50	$23.50
SP/SURV SP/PARTNER	235.00	164.50	70.50
Blue Cross Dental Plus			
SINGLE COVERAGE	$39.52	-	$39.52
TWO-PARTY	79.06	-	79.06
THREE OR MORE	102.24	-	102.24