

Proposed Monthly Premium Rates

Provider	Coverage Option	CY 2019	CY 2020	%Change	Est # of Employees (1/1/20)
Blue Cross (PPO)	Single	\$1,226.77	\$1,312.65	7.00%	228
	Couple	\$2,469.47	\$2,642.36	7.00%	218
	Family	\$3,312.26	\$3,544.15	7.00%	299
Blue Cross (HMO)	Single	\$775.57	\$775.57	0.00%	89
	Couple	\$1,628.68	\$1,628.68	0.00%	68
	Family	\$2,326.53	\$2,326.53	0.00%	170
Kaiser (HMO)	Single	\$671.35	\$646.70	-3.67%	419
	Couple	\$1,342.70	\$1,293.40	-3.67%	269
	Family	\$1,899.92	\$1,830.16	-3.67%	483
Delta Dental (PPO)	Single	\$53.02	\$53.02	0.00%	443
	Couple	\$92.15	\$92.15	0.00%	467
	Family	\$138.47	\$138.47	0.00%	731
DeltaCare (DHMO)	Single	\$20.21	\$20.21	0.00%	108
	Couple	\$36.71	\$36.71	0.00%	61
	Family	\$54.32	\$54.32	0.00%	124
Dental Health Services (DHMO)	Single	\$16.82	\$16.82	0.00%	81
	Couple	\$32.60	\$32.60	0.00%	46
	Family	\$49.15	\$49.15	0.00%	122
Vision Service Plan	Single	\$10.15	\$9.99	-1.54%	304
	Couple	\$14.68	\$14.45	-1.54%	308
	Family	\$26.30	\$25.90	-1.54%	497
Voluntary Waiver of Coverage:*					
Medical		\$248.00			189
Dental		\$36.00			97

* Waiver of Medical coverage requires proof of alternative coverage.