

**Monthly Premiums for Current Employees
Plan Year January 1, 2015 - December 31, 2015**

HEALTH PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice High		\$ 499.42	\$ 676.28	\$ 253.56	\$ 391.20
HealthChoice High Alternative		\$ 499.42	\$ 676.28	\$ 253.56	\$ 391.20
HealthChoice Basic		\$ 391.52	\$ 501.74	\$ 215.94	\$ 342.74
HealthChoice Basic Alternative		\$ 391.52	\$ 501.74	\$ 215.94	\$ 342.74
HealthChoice High Deductible Health Plan (HDHP)		\$ 338.02	\$ 430.60	\$ 186.80	\$ 295.24
HealthChoice USA		\$ 764.44	\$ 764.44	\$ 251.06	\$ 387.16
CommunityCare HMO		\$ 711.34	\$ 1,036.16	\$ 362.30	\$ 579.68
GlobalHealth HMO		\$ 469.02	\$ 769.22	\$ 247.18	\$ 394.04
DISABILITY (Employee only)		\$9.10 (Limited county participation only)			
DENTAL PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice Dental		\$ 32.00	\$ 32.00	\$ 27.40	\$ 68.20
Assurant Freedom Preferred		\$ 28.82	\$ 28.66	\$ 21.50	\$ 57.80
Assurant Heritage Plus with SBA (Prepaid)		\$ 11.74	\$ 8.86	\$ 7.60	\$ 15.20
Assurant Heritage Secure (Prepaid)		\$ 7.20	\$ 5.98	\$ 5.20	\$ 10.38
CIGNA Dental Care Plan (Prepaid)		\$ 9.26	\$ 6.06	\$ 7.08	\$ 15.32
Delta Dental PPO		\$ 33.64	\$ 33.62	\$ 29.26	\$ 74.04
Delta Dental PPO Plus Premier		\$ 47.98	\$ 47.98	\$ 41.76	\$105.66
Delta Dental PPO - Choice		\$ 15.06	\$ 34.18	\$ 34.44	\$83.60
VISION PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
Humana/CompBenefits VisionCare Plan		\$ 7.14	\$12.46	\$10.90	\$11.84
Primary Vision Care Services (PVCS)		\$ 9.00	\$ 8.00	\$ 8.00	\$11.00
Superior Vision Services		\$ 7.40	\$ 7.36	\$ 6.96	\$14.30
UnitedHealthcare Vision		\$ 8.18	\$ 5.78	\$ 4.58	\$ 6.98
Vision Care Direct		\$14.16	\$ 8.50	\$ 8.50	\$12.00
Vision Service Plan (VSP)		\$ 9.50	\$ 6.36	\$ 6.12	\$13.72
LIFE					
HealthChoice Basic Life (\$20,000) \$4.00		First \$20,000 of Supplemental Life \$4.00			
Age-Rated Supplemental Life – Cost Per \$20,000 unit					
< 30 ----- \$0.80		45 - 49 ----- \$2.00		65 - 69 ----- \$11.20	
30 - 34 ----- \$0.80		50 - 54 ----- \$4.00		70 - 74 ----- \$19.20	
35 - 39 ----- \$0.80		55 - 59 ----- \$6.00		75+ ----- \$29.60	
40 - 44 ----- \$1.20		60 - 64 ----- \$6.80			
DEPENDENT LIFE	Low Option \$2.60	Standard Option \$4.32	Premier Option \$8.64		
Spouse	\$6,000 of coverage	\$10,000 of coverage	\$20,000 of coverage		
Child (live birth to age 26)	\$3,000 of coverage	\$ 5,000 of coverage	\$10,000 of coverage		

Last Modified on 08/11/2014

