



Effective Date: July 1, 2020 Active Employees

Plans	Level of Coverage	Total Monthly Premium	Employer Pay Per Month	Employee Pays Per Month
Optima Equity POS - with HSA (CDHP)	Employee	\$580.00	\$538.00	\$42.00
	Dual	\$1,183.00	\$1,063.00	\$120.00
	Family	\$1,640.00	\$1,480.00	\$160.00
Optima POS (Traditional)	Employee	\$794.00	\$681.00	\$113.00
	Dual	\$1,513.00	\$1,248.00	\$265.00
	Family	\$2,117.00	\$1,692.00	\$425.00
DELTA DENTAL PPO Plus Plan 1	Employee	\$23.00	\$21.00	\$2.00
	Dual	\$42.00	\$37.00	\$5.00
	Family	\$67.00	\$57.00	\$10.00
DELTA DENTAL EPO PLAN	Employee	\$27.00	\$21.00	\$6.00
	Dual	\$52.00	\$37.00	\$15.00
	Family	\$82.00	\$57.00	\$25.00
DELTA DENTAL PPO Plus Plan 2	Employee	\$39.00	\$27.00	\$12.00
	Dual	\$69.00	\$46.00	\$23.00
	Family	\$99.00	\$69.00	\$30.00

Please Note: Rates are tentative and subject to BOS approval.