

2019/2020 Health Insurance Plans

40328A 100%
Health, Dental, & Vision

Employee Semi-Monthly Contribution

Single	\$150.88
2-Party	\$269.68
Family	\$380.44

Deductible	\$0/Ind/\$0 Family
Max OOP	\$1000 Ind/\$3000 Fam
Office/Urgent Care	\$20 co-pay
Emergency room	\$100 co-pay

Prescription Drugs
(90-Day Supply)

Generic	\$9 co-pay
Preferred Brand	\$35 co-pay

\$0 deductible
Max OOP \$2500 Ind/\$3500 Fam

40328B 80/20%
Health, Dental, & Vision

Employee Semi-Monthly Contribution

Single	\$109.38
2-Party	\$186.18
Family	\$261.44

Deductible	\$200 Ind/\$500 Family
Max OOP	\$1K Ind/\$3K Fam
Office/Urgent Care	\$20 co-pay
Emergency room	\$100 co-pay

Prescription Drugs
(90-Day Supply)

Generic	\$9 co-pay
Preferred Brand	\$35 co-pay

\$0 deductible
Max OOP \$2500 Ind/\$3500 Fam

40328C 80/20% Base Plan
Health, Dental, & Vision

Employee Semi-Monthly Contribution

Single	\$41.10
2-Party	\$106.68
Family	\$150.44

Deductible	\$500/Ind/\$1000 Family
Max OOP	\$2000 Ind/\$4000 Fam
Office/Urgent Care	\$30 co-pay
Emergency room	\$100 co-pay

Prescription Drugs
(90-Day Supply)

Generic	\$10 co-pay
Preferred Brand	\$35 co-pay

\$200 deductible on Preferred Brands
Max OOP \$2500 Ind/\$3500 Fam

40328D 70/30% Minimum Value Plan
Health, Dental, & Vision

Employee Semi-Monthly Contribution

Single	\$0.00
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Deductible	\$5000 Ind
Max OOP	\$6350 Ind
Office/Urgent Care	\$60 (1st 3 visits)*
Emergency room	\$100 co-pay

(*then full price until medical deductible is met)

Prescription Drugs
(90-Day Supply)

Generic	\$9 co-pay
Preferred Brand	\$35 co-pay

Pharmacy Deductible is included in Medical Deductible

40328E 80/20%
Health, Dental, & Vision

Employee Semi-Monthly Contribution

Single	\$28.88
2-Party	\$29.18
Family	\$40.94

Deductible	\$2000 Ind/\$4000 Fam
Max OOP	\$4K Ind/\$8K Fam
Office/Urgent Care	\$30 co-pay
Emergency room	\$100 co-pay

Prescription Drugs
(90-Day Supply)

Generic	\$15 co-pay
Preferred Brand	\$50 co-pay

\$200 deductible on Preferred Brands
Max OOP \$2500 Ind/\$3500 Fam

Kaiser HMO Health (w/Chiropractic)
(Dental & Vision not thru Kaiser)

Employee Semi-Monthly Contribution

Single	\$54.10
2-Party	\$131.68
Family	\$186.44

Deductible	\$0
Max Liability	\$1500 Ind/\$3000 Fam
Office/Urgent Care	\$30 co-pay
Emergency room	\$100 co-pay

Prescription Drugs
(100-Day Supply)

Generic	\$10 co-pay
Preferred Brand	\$30 co-pay

\$0 deductible