

## 2019 RETIREE RATES

### AETNA POST 65 HEALTH

Employee Only	\$40
Employee & Spouse	\$80

### AETNA ORPHANS ON BLUE CROSS COVERAGE

Spouse only	\$40
Child(ren) Only	\$40
Spouse & Child(ren)	\$80

### PRE-65 LOW PLAN POS

Employee Only	\$45
Employee & Spouse	\$210
Employee & Child(ren)	\$165
Family	\$262

### PRE-65 HIGH PLAN POS

Employee Only	\$90
Employee & Spouse	\$258
Employee & Child(ren)	\$216
Family	\$354

### DENTAL LOW PLAN – ALL RETIREES

Employee Only	\$19.88
Employee & Spouse	\$39.86
Employee & Child(ren)	\$50.97
Family	\$70.95

### DENTAL HIGH PLAN – ALL RETIREES

Employee Only	\$31.19
Employee & Spouse	\$63.98
Employee & Child(ren)	\$77.98
Family	\$110.78

### VISION PLAN – ALL RETIREES

Employee Only	\$19.88
Employee & Spouse	\$39.86
Employee & Child(ren)	\$50.97
Family	\$70.95

## **2019 ACTIVE EMPLOYEE RATES – BI-WEEKLY**

### LOW PLAN POS

Employee Only	\$20
Employee & Spouse	\$85
Employee & Child(ren)	\$75
Family	\$115

### HIGH PLAN POS

Employee Only	\$48
Employee & Spouse	\$140
Employee & Child(ren)	\$127
Family	\$200

### LOW PLAN POS – NO WELLNESS

Employee Only	\$35
Employee & Spouse	\$110
Employee & Child(ren)	\$100
Family	\$150

### HIGH PLAN POS – NO WELLNESS

Employee Only	\$60
Employee & Spouse	\$165
Employee & Child(ren)	\$155
Family	\$230

### DENTAL LOW PLAN

Employee Only	\$9.94
Employee & Spouse	\$19.93
Employee & Child(ren)	\$25.49
Family	\$35.48

### DENTAL HIGH PLAN

Employee Only	\$15.60
Employee & Spouse	\$31.99
Employee & Child(ren)	\$38.99
Family	\$55.39

### VISION PLAN

Employee Only	\$3.15
Employee & Spouse	\$5.52
Employee & Child(ren)	\$5.99
Family	\$9.13

## 2019 ACTIVE EMPLOYEE RATES – MONTHLY

### LOW PLAN POS

Employee Only	\$43.33
Employee & Spouse	\$184.17
Employee & Child(ren)	\$162.50
Family	\$249.17

### HIGH PLAN POS

Employee Only	\$104.00
Employee & Spouse	\$303.33
Employee & Child(ren)	\$275.17
Family	\$433.33

### LOW PLAN POS – NO WELLNESS

Employee Only	\$75.83
Employee & Spouse	\$238.33
Employee & Child(ren)	\$216.67
Family	\$325.00

### HIGH PLAN POS – NO WELLNESS

Employee Only	\$130.00
Employee & Spouse	\$357.50
Employee & Child(ren)	\$335.83
Family	\$498.33

### DENTAL LOW PLAN

Employee Only	\$19.88
Employee & Spouse	\$39.86
Employee & Child(ren)	\$50.97
Family	\$70.95

### DENTAL HIGH PLAN

Employee Only	\$31.19
Employee & Spouse	\$63.98
Employee & Child(ren)	\$77.98
Family	\$110.78

### VISION PLAN

Employee Only	\$19.88
Employee & Spouse	\$39.86
Employee & Child(ren)	\$50.97
Family	\$70.95

