

2020 PLAN RATES

ACTIVE EMPLOYEE AND COBRA PARTICIPANT PLAN RATES AS OF JANUARY 1, 2020

Medical/Dental/Vision

	Active Employee						COBRA Participant Rates		
	Bi-Weekly			Monthly			Monthly		
	Individual	Employee plus one	Family	Individual	Employee plus one	Family	Individual	Employee plus one	Family
Medical									
Advantage Blue (EPO)	\$77.82	\$155.64	\$233.46	\$168.61	\$337.21	\$505.83	\$687.93	\$1,375.83	\$2,063.78
Blue Care Elect Preferred (PPO)	\$96.69	\$193.37	\$290.06	\$209.49	\$418.97	\$628.46	\$854.71	\$1,709.40	\$2,564.11
Health Investment Plan	\$48.32	\$96.65	\$144.97	\$104.70	\$209.40	\$314.10	\$427.17	\$854.35	\$1,281.53
CIGNA International (Expatriates only)	\$79.52	\$159.04	\$238.56	\$172.29	\$344.58	\$516.87	\$702.94	\$1,405.90	\$2,108.84
Kaiser (California only)	\$80.33	\$160.65	\$227.33	\$174.04	\$348.09	\$492.54	\$710.09	\$1,420.19	\$2,009.56
Kaiser HSA (California only)	\$61.47	\$122.95	\$173.97	\$133.20	\$266.39	\$376.94	\$543.44	\$1,086.87	\$1,537.93
Dental									
Delta PPO Plus Premier	\$5.75	\$11.55	\$20.17	\$12.45	\$25.02	\$43.70	\$50.81	\$102.09	\$178.31
Vision									
Vision Service Plan (VSP)	\$1.15	\$1.38	\$2.53	\$2.49	\$3.00	\$5.48	\$10.15	\$12.23	\$22.36

Supplemental Life

Employee		Spouse/Domestic Partner						Child			
Age	Rate/ \$1,000	Age	Rate/ \$1,000	Monthly Cost for Each Coverage Option				Rate/ \$1,000	Monthly Cost for Each Coverage Option (One monthly cost covers all children in family)		
				\$10,000	\$25,000	\$50,000	\$100,000		\$5,000	\$10,000	\$15,000
< 25	0.070	< 25	0.060	\$0.60	\$1.50	\$3.00	\$6.00	\$0.145	\$0.73	\$1.45	\$2.18
25-29	0.070	25-29	0.060	\$0.60	\$1.50	\$3.00	\$6.00				
30-34	0.080	30-34	0.070	\$0.70	\$1.75	\$3.50	\$7.00				
35-39	0.090	35-39	0.080	\$0.80	\$2.00	\$4.00	\$8.00				
40-44	0.110	40-44	0.100	\$1.00	\$2.50	\$5.00	\$10.00				
45-49	0.140	45-49	0.130	\$1.30	\$3.25	\$6.50	\$13.00				
50-54	0.170	50-54	0.160	\$1.60	\$4.00	\$8.00	\$16.00				
55-59	0.230	55-59	0.220	\$2.20	\$5.50	\$11.00	\$22.00				
60-64	0.340	60-64	0.330	\$3.30	\$8.25	\$16.50	\$33.00				
65-69	0.510	65-69	0.500	\$5.00	\$12.50	\$25.00	\$50.00				
70-74	0.970	70-74	0.960	\$9.60	\$24.00	\$48.00	\$96.00				
75+	1.700	75+	1.690	\$16.90	\$42.25	\$84.50	\$169.00				

Supplemental Short-Term

Active Employees Only	
All states except California	\$0.24 per \$1,000 for coverage of salary over \$50,000
California	\$0.24 per \$1,000 for coverage of salary over state wage base

Hyatt Legal Plans

Monthly Rate	\$21.75
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