

Full-time employees working 30+ hours per week / effective 1st of the month following 30 days

Effective January 1, 2020 through December 31, 2020	
MEDICAL PLANS	
Medical Plan Tier	Bi-Weekly Rates
Silver PPO Plan (United Healthcare Network)	
Employee	\$121.94
Employee + Spouse	\$403.13
Employee + Child(ren)	\$339.73
Family	\$598.69
United Charter HMO Plan (Advocate Healthcare Network)	
Employee	\$99.48
Employee + Spouse	\$340.31
Employee + Child(ren)	\$316.31
Family	\$517.01
Copper PPO Plan (United Healthcare Network)	
Employee	\$81.04
Employee + Spouse	\$310.13
Employee + Child(ren)	\$258.04
Family	\$465.19
CDHP Plan / HSA Eligible (United Healthcare Network)	
Employee	\$49.43
Employee + Spouse	\$244.92
Employee + Child(ren)	\$227.43
Family	\$367.38

VISION PLAN (United Healthcare)	
Employee	\$1.95
Employee + Spouse	\$3.06
Employee + Child(ren)	\$3.12
Family	\$4.93

GUARDIAN DENTAL Group # 00467279	
Dental Plan Tier	Bi-Weekly Rates
HMO PLAN	
Employee	\$5.17
Family	\$14.21
PPO 1 Plan	
Employee	\$10.96
Family	\$34.53
PPO 2 Plan	
Employee	\$10.69
Family	\$31.77