



For 2020, your employee premium deductions for medical and prescription benefits will be separated and shown as separate premium deductions. We made this change in 2018 so we can better track and report the information.

To compare your total medical and prescription premium to other providers of healthcare, i.e. spouse's employer, add your medical premium and prescription premium deductions together.

Please refer to examples on the next page.

Example: Core Plan, Employee Only



Salary Level	2020 Medical and Prescription Deduction (reported separately)
Up to \$35,000	$\$90.39 + \$24.00 = \$114.39$
\$35,001 to \$40,000	$\$93.85 + \$24.00 = \$117.85$
\$40,001 to \$46,000	$\$96.17 + \$24.00 = \$120.17$
\$46,001 to \$53,000	$\$98.04 + \$24.00 = \$122.04$
\$53,001 to \$75,000	$\$104.12 + \$24.00 = \$128.12$
\$75,001 to \$99,999	$\$106.70 + \$24.00 = \$130.70$
\$100,000 to \$120,000	$\$113.23 + \$24.00 = \$137.23$
\$120,001 and over	$\$115.94 + \$24.00 = \$139.94$

DIRECT ACCESS Plus Plan 2020 Rates



Coverage Level	Salary Minimum	Salary Maximum	12 Month	9 over 9	9 over 12	Bi-Weekly
Employee Only	0.00	35,000.00	\$129.60	\$172.80	\$172.80	\$59.82
	35,000.01	40,000.00	\$133.06	\$177.41	\$177.41	\$61.41
	40,000.01	46,000.00	\$135.38	\$180.51	\$180.51	\$62.48
	46,000.01	53,000.00	\$137.25	\$183.00	\$183.00	\$63.35
	53,000.01	75,000.00	\$143.33	\$191.11	\$191.11	\$66.15
	75,000.01	99,999.99	\$145.91	\$194.55	\$194.55	\$67.34
	100,000.00	120,000.00	\$152.44	\$203.25	\$203.25	\$70.36
	120,000.01	and above	\$155.15	\$206.87	\$206.87	\$71.61
Employee/Child(ren)	0.00	35,000.00	\$194.68	\$259.57	\$259.57	\$89.85
	35,000.01	40,000.00	\$259.07	\$345.43	\$345.43	\$119.57
	40,000.01	46,000.00	\$287.88	\$383.84	\$383.84	\$132.87
	46,000.01	53,000.00	\$316.53	\$422.04	\$422.04	\$146.09
	53,000.01	75,000.00	\$341.02	\$454.69	\$454.69	\$157.39
	75,000.01	99,999.99	\$347.40	\$463.20	\$463.20	\$160.34
	100,000.00	120,000.00	\$363.61	\$484.81	\$484.81	\$167.82
	120,000.01	and above	\$370.36	\$493.81	\$493.81	\$170.94
Employee/Spouse	0.00	35,000.00	\$230.55	\$307.40	\$307.40	\$106.41
	35,000.01	40,000.00	\$310.95	\$414.60	\$414.60	\$143.52
	40,000.01	46,000.00	\$346.68	\$462.24	\$462.24	\$160.01
	46,000.01	53,000.00	\$382.37	\$509.83	\$509.83	\$176.48
	53,000.01	75,000.00	\$413.33	\$551.11	\$551.11	\$190.77
	75,000.01	99,999.99	\$420.73	\$560.97	\$560.97	\$194.18
	100,000.00	120,000.00	\$439.59	\$586.12	\$586.12	\$202.89
	120,000.01	and above	\$446.78	\$595.71	\$595.71	\$206.21
Employee/Family	0.00	35,000.00	\$297.46	\$396.61	\$396.61	\$137.29
	35,000.01	40,000.00	\$434.72	\$579.63	\$579.63	\$200.64
	40,000.01	46,000.00	\$495.18	\$660.24	\$660.24	\$228.54
	46,000.01	53,000.00	\$555.86	\$741.15	\$741.15	\$256.55
	53,000.01	75,000.00	\$609.71	\$812.95	\$812.95	\$281.40
	75,000.01	99,999.99	\$620.89	\$827.85	\$827.85	\$286.56
	100,000.00	120,000.00	\$648.97	\$865.29	\$865.29	\$299.52
	120,000.01	and above	\$660.69	\$880.92	\$880.92	\$304.93



DIRECT ACCESS Core Plan 2020 Rates

Coverage Level	Salary Minimum	Salary Maximum	12 Month	9 over 9	9 over 12	Bi-Weekly
Employee	0.00	35,000.00	\$90.39	\$120.52	\$120.52	\$41.72
	35,000.01	40,000.00	\$93.85	\$125.13	\$125.13	\$43.32
	40,000.01	46,000.00	\$96.17	\$128.23	\$128.23	\$44.39
	46,000.01	53,000.00	\$98.04	\$130.72	\$130.72	\$45.25
	53,000.01	75,000.00	\$104.12	\$138.83	\$138.83	\$48.06
	75,000.01	99,999.99	\$106.70	\$142.27	\$142.27	\$49.25
	100,000.00	120,000.00	\$113.23	\$150.97	\$150.97	\$52.26
	120,000.01	and above	\$115.94	\$154.59	\$154.59	\$53.51
Employee/Child(ren)	0.00	35,000.00	\$126.00	\$168.00	\$168.00	\$58.15
	35,000.01	40,000.00	\$190.39	\$253.85	\$253.85	\$87.87
	40,000.01	46,000.00	\$219.20	\$292.27	\$292.27	\$101.17
	46,000.01	53,000.00	\$247.85	\$330.47	\$330.47	\$114.39
	53,000.01	75,000.00	\$272.34	\$363.12	\$363.12	\$125.70
	75,000.01	99,999.99	\$278.72	\$371.63	\$371.63	\$128.64
	100,000.00	120,000.00	\$294.93	\$393.24	\$393.24	\$136.12
	120,000.01	and above	\$301.68	\$402.24	\$402.24	\$139.24
Employee/Spouse	0.00	35,000.00	\$135.22	\$180.29	\$180.29	\$62.41
	35,000.01	40,000.00	\$215.62	\$287.49	\$287.49	\$99.52
	40,000.01	46,000.00	\$251.35	\$335.13	\$335.13	\$116.01
	46,000.01	53,000.00	\$287.04	\$382.72	\$382.72	\$132.48
	53,000.01	75,000.00	\$318.00	\$424.00	\$424.00	\$146.77
	75,000.01	99,999.99	\$325.40	\$433.87	\$433.87	\$150.18
	100,000.00	120,000.00	\$344.26	\$459.01	\$459.01	\$158.89
	120,000.01	and above	\$351.45	\$468.60	\$468.60	\$162.21
Employee/Family	0.00	35,000.00	\$168.54	\$224.72	\$224.72	\$77.79
	35,000.01	40,000.00	\$305.80	\$407.73	\$407.73	\$141.14
	40,000.01	46,000.00	\$366.26	\$488.35	\$488.35	\$169.04
	46,000.01	53,000.00	\$426.94	\$569.25	\$569.25	\$197.05
	53,000.01	75,000.00	\$480.79	\$641.05	\$641.05	\$221.90
	75,000.01	99,999.99	\$491.97	\$655.96	\$655.96	\$227.06
	100,000.00	120,000.00	\$520.05	\$693.40	\$693.40	\$240.02
	120,000.01	and above	\$531.77	\$709.03	\$709.03	\$245.43

ADVANTAGE EPO 2020 Rates



Coverage Level	Salary Minimum	Salary Maximum	12 Month	9 over 9	9 over 12	Bi-Weekly
Employee	N/A	N/A	\$30.84	\$41.12	\$41.12	\$14.23
Employee/Child(ren)	N/A	N/A	\$52.07	\$69.43	\$69.43	\$24.03
Employee/Spouse	N/A	N/A	\$78.04	\$104.05	\$104.05	\$36.02
Employee/Family	N/A	N/A	\$104.22	\$138.96	\$138.96	\$48.10



OPTUMRx PRESCRIPTION DRUG 2020 Rates for Plus, Core and EPO Plans ONLY

Coverage Level	Salary Minimum	Salary Maximum	12 Month	9 over 9	9 over 12	Bi-Weekly
Employee	N/A	N/A	\$24.00	\$31.99	\$31.99	\$11.07
Employee/Child(ren)	N/A	N/A	\$45.83	\$61.11	\$61.11	\$21.15
Employee/Spouse	N/A	N/A	\$51.74	\$68.99	\$68.99	\$23.88
Employee/Family	N/A	N/A	\$72.04	\$96.06	\$96.06	\$33.25

New HDHP/HSA Plan (Includes Prescription Rx Premiums) 2020 Rates



Coverage Level	Salary Minimum	Salary Maximum	12 Month	9 over 9	9 over 12	Bi-Weekly
Employee	0.00	35,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	35,000.01	40,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	40,000.01	46,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	46,000.01	53,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	53,000.01	75,000.00	\$27.42	\$36.56	\$36.56	\$12.66
	75,000.01	99,999.99	\$32.90	\$43.87	\$43.87	\$15.18
	100,000.00	120,000.00	\$38.39	\$51.19	\$51.19	\$17.72
	120,000.01	and above	\$43.87	\$58.49	\$58.49	\$20.25
Employee/Child(ren)	0.00	35,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	35,000.01	40,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	40,000.01	46,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	46,000.01	53,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	53,000.01	75,000.00	\$48.95	\$65.27	\$65.27	\$22.59
	75,000.01	99,999.99	\$58.74	\$78.32	\$78.32	\$27.11
	100,000.00	120,000.00	\$68.53	\$91.37	\$91.37	\$31.63
	120,000.01	and above	\$78.32	\$104.43	\$104.43	\$36.15
Employee/Spouse	0.00	35,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	35,000.01	40,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	40,000.01	46,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	46,000.01	53,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	53,000.01	75,000.00	\$64.89	\$86.52	\$86.52	\$29.95
	75,000.01	99,999.99	\$77.87	\$103.83	\$103.83	\$35.94
	100,000.00	120,000.00	\$90.84	\$121.12	\$121.12	\$41.93
	120,000.01	and above	\$103.82	\$138.43	\$138.43	\$47.92
Employee/Family	0.00	35,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	35,000.01	40,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	40,000.01	46,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	46,000.01	53,000.00	\$1.00	\$1.33	\$1.33	\$0.46
	53,000.01	75,000.00	\$88.13	\$117.51	\$117.51	\$40.68
	75,000.01	99,999.99	\$105.76	\$141.01	\$141.01	\$48.81
	100,000.00	120,000.00	\$123.38	\$164.51	\$164.51	\$56.94
	120,000.01	and above	\$141.01	\$188.01	\$188.01	\$65.08

AETNA DENTAL 2020 RATES



DMO

COVERAGE LEVEL	12 MONTH	9 OVER 9	9 OVER 12	Bi-Weekly
Employee	\$14.46	\$19.28	\$18.36	\$6.67
Employee + 1	\$27.46	\$36.61	\$34.87	\$12.67
Employee + 2 or more	\$43.37	\$57.83	\$55.07	\$20.02

PPO

COVERAGE LEVEL	12 MONTH	9 OVER 9	9 OVER 12	Bi-Weekly
Employee	\$54.69	\$72.92	\$72.92	\$25.24
Employee + 1	\$86.70	\$115.60	\$115.60	\$40.02
Employee + 2 or more	\$144.99	\$193.32	\$193.32	\$66.92

VSP 2020 RATES



COVERAGE LEVEL	12 MONTH	9 OVER 9	9 OVER 12	Bi-Weekly
Employee	\$7.36	\$9.81	\$9.81	\$3.40
Employee + 1	\$11.78	\$15.71	\$15.71	\$5.44
Employee/Child(ren)	\$12.03	\$16.04	\$16.04	\$5.55
Employee/Family	\$19.39	\$25.85	\$25.85	\$8.95