2017 Medical, Dental, Vision and Life Bi-Weekly Premiums

	Bi-Weekly County Cost		Bi-Weekly Employee Cost		Cost Share Percentage	
	No Wellness Credit	With Wellness Credit	No Wellness Credit	With Wellness Credit	County	Employees
HSA Plan (BCBS)						
• Employee	$213.02	$223.02	$53.26	$43.26	80%	20%
• Employee +1	$407.19	$417.19	$101.80	$91.80	80%	20%
• Family	$530.85	$540.85	$132.71	$122.71	80%	20%
HMO Plan (Kaiser)						
• Employee	$205.53	$215.53	$51.38	$41.38	80%	20%
• Employee +1	$392.89	$402.89	$98.23	$88.23	80%	20%
• Family	$512.20	$522.20	$128.05	$118.05	80%	20%
POS Plan (BCBS)						
• Employee	$241.38	$251.38	$80.46	$70.46	75%	25%
• Employee + 1	$445.51	$455.51	$148.51	$138.51	75%	25%
• Family	$604.51	$614.51	$201.51	$191.51	75%	25%

2017 Bi-Weekly Dental Premium Contributions

AETNA	Bi-Weekly County Cost	Bi-Weekly Employee Cost	County	Employees
Comprehensive Dental PPO				
• Employee	$12.33	$4.11	75%	25%
• Employee +1	$25.21	$8.40	75%	25%
• Family	$33.03	$11.01	75%	25%
Dental HMO				
• Employee	$6.22	$2.07	75%	25%
• Employee +1	$12.12	$4.04	75%	25%
• Family	$19.89	$6.63	75%	25%

2017 Bi-Weekly Vision Premium Contributions

			Cost Share Percentage	
EYE MED	Bi-Weekly County Cost	Bi-Weekly Employee Cost	County	Employees
• Employee	$4.72	$3.42	58%	42%
• Employee +1	$4.72	$3.42	58%	42%
• Family	$4.72	$3.42	58%	42%

2017 Bi-Weekly Life Insurance Premium Contributions

			Cost Share Percentage	
AETNA	Bi-Weekly County Cost	Bi-Weekly Employee Cost	County	Employees
• Life B (50K)	$2.37	$0.78	75%	25%
• Life D (10K)	$161	$0.54	75%	25%
• Life S	$3.75 per $25,000, up to $200,000		NA	