

YUMA COUNTY

2018-2019 PLAN YEAR

BENEFIT RATES

MEDICAL PLAN PREMIUMS

Employee Payroll Deduction per Pay Period - 24 pay periods

PPO Option A

Coverage Category	PPO Option A	PPO Option A with Wellness Incentive
Employee Only	\$34.89	\$24.89
Employee & Spouse	\$173.44	\$163.44
Employee & Child(ren)	\$119.28	\$109.28
Employee & Family	\$257.81	\$247.81

PPO Option B

Coverage Category	PPO Option B	PPO Option B with Wellness Incentive
Employee Only	\$20.36	\$10.36
Employee & Spouse	\$101.23	\$91.23
Employee & Child(ren)	\$69.62	\$59.62
Employee & Family	\$150.47	\$140.47

HDHP-HSA Option

Coverage Category	HDHP Option	HDHP Option with Wellness Incentive	HSA Monthly County Contributions
Employee Only	\$0.00	*\$20.00 LP FSA CARD	\$50.02
Employee & Spouse	\$70.27	\$60.27	\$50.02
Employee & Child(ren)	\$42.81	\$32.81	\$50.02
Employee & Family	\$113.10	\$103.10	\$50.02

*HDHP Employee Only with WELLNESS option receives an additional \$20 monthly/\$240 yearly contribution to a Limited Purpose FSA account.

YUMA COUNTY

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BENEFIT RATES

SCHEDULE OF PRESCRIPTION DRUG BENEFITS

Pharmacy Benefit	PPO Option A	PPO Option B	HDHP HSA Option
30 DAY SUPPLY – RETAIL			
Generic Drug	\$5.00 copay, deductible does not apply Mail Order: \$10 copay	\$5.00 copay, deductible does not apply Mail Order: \$10 copay	Deductible + 20%
Preferred Brand Drugs	Retail: 20% to \$45 max Mail Order: 20% to \$90 max	Retail: 30% to \$45 max Mail Order: 30% to \$90 max	Deductible + 20%
Non- Preferred Brand Drugs	Retail: 20% to \$80 max Mail Order: 20% to \$160 max	Retail: 30% to \$80 max Mail Order: 30% to \$160 max	Deductible + 20%

Employee Payroll Deduction per Pay Period - 24 pay periods

THE HARTFORD SUPPLEMENTAL GROUP LIFE INSURANCE

Employee's Age	Rates per \$10,000 (per pay period)		Employee's Age	Rates per \$10,000 (per pay period)
Younger than 25	\$0.32		50-54	\$1.40
25-29	\$0.36		55-59	\$2.61
30-34	\$0.50		60-64	\$4.00
35-39	\$0.54		65-69	\$7.50
40-44	\$0.63		70-74	\$11.15
45-49	\$0.90		75+	\$20.15

THE HARTFORD SUPPLEMENTAL CHILD LIFE INSURANCE

\$2,500 = \$0.23	\$5,000 = \$0.45	\$7,500 = \$0.68	\$10,000 = \$0.90
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Employee Payroll Deduction per Pay Period - 24 pay periods

YUMA COUNTY

2018-2019 PLAN YEAR

BENEFIT RATES

VOLUNTARY DENTAL & VISION OPTIONS

Total Dental Administrators (TDA) DHMO

	Monthly Premium	Payroll Deduction
Employee Only	\$12.43	\$6.21
EE + One	\$26.33	\$13.17
EE + Family	\$34.01	\$17.01



Delta Dental PPO with Check Up Plus

	Monthly Premium	Payroll Deduction
Employee Only	\$37.96	\$18.98
EE + One	\$82.46	\$41.23
EE + Family	\$108.96	\$54.48

VSP (Vision)

	Monthly Premium	Payroll Deduction
Employee Only	\$9.88	\$4.94
EE + One	\$19.74	\$9.87
EE + Family	\$31.78	\$15.89

Davis Vision

	Monthly Premium	Payroll Deduction
Employee Only	\$6.06	\$3.03
EE + One	\$10.88	\$5.44
EE + Family	\$16.94	\$8.47

