

YUMA COUNTY

2020-2021 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	\$35.59	\$25.59
Employee & Spouse	\$188.69	\$178.69
Employee & Child(ren)	\$128.84	\$118.84
Employee & Family	\$281.91	\$271.91

PPO Option B

Coverage Category	PPO Option B	PPO Option B with Wellness Incentive
Employee Only	\$20.77	\$10.77
Employee & Spouse	\$115.03	\$105.03
Employee & Child(ren)	\$78.18	\$68.18
Employee & Family	\$172.42	\$162.42

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	\$85.89	\$75.89	\$50.02
Employee & Child(ren)	\$52.32	\$42.32	\$50.02
Employee & Family	\$138.23	\$128.23	\$50.02

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

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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

OCHS 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

OCHS SUPPLEMENTAL CHILD LIFE INSURANCE

Child (per \$1,000)	\$0.09
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Employee Payroll Deduction per Pay Period - 24 pay periods

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BENEFIT RATES

VOLUNTARY DENTAL & VISION OPTIONS

Total Dental Administrators (TDA) DHMO

	Monthly Premium	Payroll Deduction
Employee Only	\$15.24	\$7.62
EE + One	\$32.26	\$16.13
EE + Family	\$41.66	\$20.83



Delta Dental PPO with Check Up Plus

	Monthly Premium	Payroll Deduction
Employee Only	\$38.46	\$19.23
EE + One	\$83.52	\$41.76
EE + Family	\$110.36	\$55.18

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	\$6.48	\$3.24
EE + One	\$11.66	\$5.83
EE + Family	\$18.14	\$9.07

