

**2020 Medical and Dental Rates  
Monthly Rates**

	Blue Advantage POS/HMO & Prime Blue Priority PPO			Anthem Dental Essential Choice PPO		Total Employee Cost
Monthly	Total Medical	Employer Medical	Employee Medical	Employer Dental	Employee Dental	Total Employee Cost
Employee Only	\$697.00	\$348.50	\$348.50	\$0.00	\$38.95	\$387.45
EE + Spouse	\$1671.00	\$835.50	\$835.50	\$0.00	\$88.09	\$923.59
EE + Children	\$1533.00	\$766.50	\$766.50	\$0.00	\$84.39	\$850.89
Family	\$1922.00	\$961.00	\$961.00	\$0.00	\$101.08	\$1062.08

	Blue Priority HMO (Limited Network)			Anthem Dental Essential Choice PPO		Total Employee Cost
Monthly	Total Medical	Employer Medical	Employee Medical	Employer Dental	Employee Dental	Total Employee Cost
Employee Only	\$641.00	\$546.00	\$95.00	\$0.00	\$38.95	\$133.95
EE + Spouse	\$1538.00	\$769.00	\$769.00	\$0.00	\$88.09	\$857.09
EE + Children	\$1411.00	\$705.50	\$705.20	\$0.00	\$84.39	\$789.89
Family	\$1770.00	\$885.00	\$885.00	\$0.00	\$101.08	\$986.08

	2500 HSA (High Deductible Health Plan)			Anthem Dental Essential Choice PPO		Total Employee Cost
Monthly	Total Medical	Employer Medical	Employee Medical	Employer Dental	Employee Dental	Total Employee Cost
Employee Only	\$537.00	\$442.00	\$95.00	\$0.00	\$38.95	\$133.95
EE + Spouse	\$1286.00	\$643.00	\$643.00	\$0.00	\$88.09	\$731.09
EE + Children	\$1180.00	\$705.50	\$705.50	\$0.00	\$84.39	\$674.39
Family	\$1480.00	\$740.00	\$740.00	\$0.00	\$101.08	\$841.08

Employees and Dependents must enroll in both Medical and Dental coverage. Medical only or Dental only coverage is not offered.