

# Cost of Coverage for 2020

## Active Employees (Excluding Crossing Guards) Paid over 27 Pay Periods

	Employee Bi Weekly	Employee Monthly	County Monthly	Monthly Total
<b>KAISER PERMANENTE</b>				
Individual	55.06	123.89	371.68	495.57
Two-Person	109.86	247.19	741.57	988.76
Family	159.18	358.16	1074.48	1,432.64
<b>CIGNA HMO</b>				
Individual	60.38	135.86	407.58	543.44
Two-Person	120.76	271.71	815.14	1,086.85
Family	168.85	379.92	1139.75	1,519.67
<b>CIGNA PPO</b>				
Individual	94.60	212.84	496.63	709.47
Two-Person	190.75	429.19	1001.43	1,430.62
Family	267.88	602.72	1406.34	2,009.06
<b>EXPRESS SCRIPTS</b>				
Individual	11.80	26.55	150.42	176.97
Two-Person	23.75	53.43	302.75	356.18
Family	30.33	68.24	386.69	454.93
<b>VISION BASIC PLAN</b>				
Individual	0.52	1.16	6.60	7.76
Family	1.10	2.47	14.00	16.47
<b>VISION BUY-UP PLAN</b>				
Individual	0.86	1.93	10.94	12.87
Family	2.24	5.04	28.55	33.59
<b>AETNA DENTAL PLAN (DMO)</b>				
Individual	11.52	25.93	N/A	25.93
Two-Person	18.07	40.66	N/A	40.66
Family	23.08	51.94	N/A	51.94
<b>AETNA DENTAL PLAN (PPO)</b>				
Individual	17.82	40.09	N/A	40.09
Two-Person	32.55	73.24	N/A	73.24
Family	48.15	108.34	N/A	108.34

Medical HMO – County pays 75% and Employee pays 25%

Medical PPO – County pays 70% and Employee pays 30%

Prescription and Vision – County Pays 85% and Employee pays 15%

# Cost of Coverage for 2020

## Crossing Guards Paid over 21 Pay Periods

	Employee Bi Weekly	Employee Monthly	County Monthly	Monthly Total
<b>KAISER PERMANENTE</b>				
Individual	70.80	123.89	371.68	495.57
Two-Person	141.25	247.19	741.57	988.76
Family	204.66	358.16	1074.48	1,432.64
<b>CIGNA HMO</b>				
Individual	77.63	135.86	407.58	543.44
Two-Person	155.26	271.71	815.14	1,086.85
Family	217.10	379.92	1139.75	1,519.67
<b>CIGNA PPO</b>				
Individual	121.62	212.84	496.63	709.47
Two-Person	245.25	429.19	1001.43	1,430.62
Family	344.41	602.72	1406.34	2,009.06
<b>EXPRESS SCRIPTS</b>				
Individual	15.17	26.55	150.42	176.97
Two-Person	30.53	53.43	302.75	356.18
Family	38.99	68.24	386.69	454.93
<b>VISION BASIC PLAN</b>				
Individual	0.67	1.16	6.60	7.76
Family	1.41	2.47	14.00	16.47
<b>VISION BUY-UP PLAN</b>				
Individual	1.10	1.93	10.94	12.87
Family	2.88	5.04	28.55	33.59
<b>AETNA DENTAL PLAN (DMO)</b>				
Individual	14.82	25.93	N/A	25.93
Two-Person	23.23	40.66	N/A	40.66
Family	29.68	51.94	N/A	51.94
<b>AETNA DENTAL PLAN (PPO)</b>				
Individual	22.91	40.09	N/A	40.09
Two-Person	41.85	73.24	N/A	73.24
Family	61.91	108.34	N/A	108.34

Medical HMO County pays 75% and Employee pays 25%

Medical PPO – County pays 70% and Employee pays 30%

Prescription and Vision – County Pays 85% and Employee pays 15%