

2019 MEDICAL PLAN RATES

MCPE, DPOU, and MGMT/At-Will

Employee Contributions are based on semi-monthly deductions (2 times per month) to cover the total monthly cost of the Plan.

<u>PERS CHOICE</u>	Total Cost (Monthly)	County Contribution (Monthly)	Employee Contribution
<i>Northern</i>			
Employee Only	\$866.95	\$841.95	\$12.50
Employee + One	\$1,733.90	\$1,683.90	\$25.00
Employee + Family	\$2,254.07	\$2,154.07	\$50.00

<i>Southern</i>			
Employee Only	\$721.11	\$696.11	\$12.50
Employee + One	\$1,442.22	\$1,392.22	\$25.00
Employee + Family	\$1,874.89	\$1,774.89	\$50.00

<i>Out of State</i>			
Employee Only	\$630.41	\$605.41	\$12.50
Employee + One	\$1,260.82	\$1,210.82	\$25.00
Employee + Family	\$1,639.07	\$1,539.07	\$50.00

<u>PERSCare</u>	Total Cost (Monthly)	County Contribution (Monthly)	Employee Contribution
<i>Northern</i>			
Employee Only	\$1,085.83	\$841.95	\$121.94
Employee + One	\$2,171.66	\$1,683.90	\$243.88
Employee + Family	\$2,823.16	\$2,154.07	\$334.55

<i>Southern</i>			
Employee Only	\$907.29	\$696.11	\$105.59
Employee + One	\$1,814.58	\$1,392.22	\$211.18
Employee + Family	\$2,358.95	\$1,774.89	\$292.03

<i>Out of State</i>			
Employee Only	\$813.47	\$605.41	\$104.03
Employee + One	\$1,626.94	\$1,210.82	\$208.06
Employee + Family	\$2,115.02	\$1,539.07	\$287.98

Part-Time Employees: County will contribute the following Percentage of the PERS Choice premium based on FTE.

Less than .5 FTE = No County Contribution

.5-.74 FTE = 50% of the PERS Choice Premium

.75 - .89 FTE = 75% of the PERS Choice Premium