

Employee Rates

Employee Category	BCBS Plan A				Variance from PY	
	2017	2018	2019	2020	\$\$	%
Employee Only	73.80	79.56	82.21	82.22	0.01	0.01%
Employee + Spouse	346.38	454.08	530.04	498.24	(31.80)	-6.00%
Employee + Children	230.34	248.27	256.55	256.56	0.01	0.00%
Employee + Family	618.10	810.63	946.24	889.48	(56.76)	-6.00%

Employee Category	BCBS Plan C				Variance from PY	
	2017	2018	2019	2020	\$\$	%
Employee Only	63.26	68.44	70.72	70.72	-	0.00%
Employee + Spouse	189.43	248.80	290.42	273.00	(17.42)	-6.00%
Employee + Children	122.73	132.27	136.68	136.68	-	0.00%
Employee + Family	326.27	428.46	500.14	470.14	(30.00)	-6.00%

Employee Category	Delta Dental				Variance from PY	
	2017	2018	2019	2020	\$\$	%
Employee Only	12.00	12.60	12.18	12.58	0.40	3.28%
Employee + Spouse	28.40	29.82	29.75	30.70	0.95	3.19%
Employee + Children	25.14	26.40	26.25	27.08	0.83	3.16%
Employee + Family	41.48	43.55	43.79	45.20	1.41	3.22%

Employee Category	Surency Vision				Variance from PY	
	Basic	Enhanced	Basic	Enhanced	\$\$ B	\$\$ E
Employee Only	3.68	7.24	3.68	7.24	-	-
Employee + Spouse	7.21	14.29	7.22	14.30	0.01	0.01
Employee + Children	6.51	12.89	6.52	12.90	0.01	0.01
Employee + Family	10.05	19.99	10.06	20.00	0.01	0.01

Employee Category	Employer Rates (Health + Dental)				Variance from PY	
	Jul-17	Jul-18	Jul-19	Jul-20	\$\$	%
Employee Only	671.16	721.50	745.07	777.98	32.91	4.42%
Employee + Spouse	1,175.81	1,264.03	1,305.35	1,363.02	57.67	4.42%
Employee + Children	1,175.81	1,264.03	1,305.35	1,363.02	57.67	4.42%
Employee + Family	1,175.81	1,264.03	1,305.35	1,363.02	57.67	4.42%

Non State - Employee Monthly Rates

Plan Year 2020

Rates effective 1/1/2020

Non State - Employee Monthly Rates for Plan Year 2020								
Plan Year 2020 Monthly Rates for Non State Employees								
Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	Dental	Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta	2020 Basic	2020 Enhanced
Full-Time								
Employee Only	\$82.22	\$70.72	\$111.92	\$49.72	\$55.98	\$12.58	\$3.68	\$7.24
Employee + Spouse	\$498.24	\$273.00	\$340.46	\$188.42	\$209.74	\$30.70	\$7.22	\$14.30
Employee + Children	\$256.56	\$136.68	\$194.56	\$94.16	\$104.08	\$27.08	\$6.52	\$12.90
Employee + Family	\$889.48	\$470.14	\$583.55	\$335.92	\$396.94	\$45.20	\$10.06	\$20.00
Part-Time								
Employee Only	\$247.70	\$110.02	\$139.62	\$74.34	\$83.68	\$22.68	\$3.68	\$7.24
Employee + Spouse	\$775.78	\$354.66	\$398.98	\$241.00	\$268.28	\$45.50	\$7.22	\$14.30
Employee + Children	\$418.84	\$187.72	\$231.86	\$127.90	\$141.38	\$40.92	\$6.52	\$12.90
Employee + Family	\$1,238.88	\$565.42	\$665.30	\$405.08	\$478.68	\$63.86	\$10.06	\$20.00

** Base rate is non discounted

Non State Active Employer Rates - Active as of 1/1/2020

Monthly

Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	HSA Plan C	HSA Plan N	2020 Delta	Surency	
	Employer	Employer	Employer	Employer	Employer	Employer Monthly	Employer Monthly	Dental Employer	2020 Basic	2020 Enhanced
Full-Time										
Employee Only	\$697.60	\$614.27	\$697.60	\$655.94	\$697.60	\$83.33	\$41.66	\$47.47	\$0.00	\$0.00
Employee + Spouse	\$1,224.50	\$1,120.34	\$1,224.50	\$1,172.42	\$1,224.50	\$104.16	\$52.08	\$80.85	\$0.00	\$0.00
Employee + Children	\$1,224.50	\$1,078.67	\$1,224.50	\$1,151.59	\$1,224.50	\$145.83	\$72.91	\$80.85	\$0.00	\$0.00
Employee + Family	\$1,224.50	\$1,120.34	\$1,224.50	\$1,172.42	\$1,224.50	\$104.16	\$52.08	\$80.85	\$0.00	\$0.00
Employee Only	\$545.30	\$493.20	\$545.30	\$519.25	\$545.30	\$52.10	\$26.05	\$35.89	\$0.00	\$0.00
Employee + Spouse	\$959.44	\$902.14	\$959.44	\$930.79	\$959.44	\$57.30	\$28.65	\$61.08	\$0.00	\$0.00
Employee + Children	\$959.44	\$860.48	\$959.44	\$909.96	\$959.44	\$98.96	\$49.48	\$61.08	\$0.00	\$0.00
Employee + Family	\$959.44	\$902.14	\$959.44	\$930.79	\$959.44	\$57.30	\$28.65	\$61.08	\$0.00	\$0.00

Base amount does not include discount

Non State Active Employer Rates - Active as of 7/1/2020

Monthly

Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	HSA Plan C	HSA Plan N	2020 Delta	Surency	
	Employer	Employer	Employer	Employer	Employer	Employer Monthly	Employer Monthly	Dental Employer	2020 Basic	2020 Enhanced
Full-Time										
Employee Only	\$729.00	\$645.67	\$729.00	\$687.34	\$729.00	\$83.33	\$41.66	\$48.98	\$0.00	\$0.00
Employee + Spouse	\$1,279.60	\$1,175.44	\$1,279.60	\$1,227.52	\$1,279.60	\$104.16	\$52.08	\$83.42	\$0.00	\$0.00
Employee + Children	\$1,279.60	\$1,133.77	\$1,279.60	\$1,206.69	\$1,279.60	\$145.83	\$72.91	\$83.42	\$0.00	\$0.00
Employee + Family	\$1,279.60	\$1,175.44	\$1,279.60	\$1,227.52	\$1,279.60	\$104.16	\$52.08	\$83.42	\$0.00	\$0.00
Employee Only	\$569.84	\$517.74	\$569.84	\$543.79	\$569.84	\$52.10	\$26.05	\$37.04	\$0.00	\$0.00
Employee + Spouse	\$1,002.62	\$945.32	\$1,002.62	\$973.97	\$1,002.62	\$57.30	\$28.65	\$63.02	\$0.00	\$0.00
Employee + Children	\$1,002.62	\$903.66	\$1,002.62	\$953.14	\$1,002.62	\$98.96	\$49.48	\$63.02	\$0.00	\$0.00
Employee + Family	\$1,002.62	\$945.32	\$1,002.62	\$973.97	\$1,002.62	\$57.30	\$28.65	\$63.02	\$0.00	\$0.00

Base amount does not include discount

*Plans C and N are High Deductible Health Plans (HDHP) with a Health Savings Account (HSA) or Health Reimbursement Account (HRA). Part of the composite rate is split out into separate columns for Plan C and Plan N to cover the cost of the employer contribution into the HSA or HRA. For example, Employee Only Plan C in table 1 is \$614.27 for the insurance and \$83.33 for the HSA. Together, these amounts [\$614.27 + \$83.33] equal \$697.60, the same composite rate as charged for Plan A. The entire composite rate is sent to the SEHP, and the SEHP is responsible for sending the contributions to the HSA or HRA.