

OHIO CO FISCAL COURT

HEALTH INSURANCE 07/01/2018 THRU 06/30/2019

Court pays \$709.68 per employee (Health \$704.19 + Life \$5.49 = \$709.68)

CORE PLAN	Base Plan	HRA Card Value per Month (\$500) plus \$6 Admin Fee for card	MOTHLY RATES	WEEKLY DEDUCTION	Previous Yrs Rate	Emp Pays Monthly	Court Pays	Total Premium
SINGLE	\$656.52	\$47.67	\$704.19	\$0.00	\$0.00	\$0.00	\$704.19	\$704.19
EMPLOYEE/SPOUSE	\$1,377.23	\$47.67	\$1,424.90	\$180.18	\$177.63	\$720.71	\$704.19	\$1,424.90
EMPLOYEE / CHILD	\$1,181.26	\$47.67	\$1,228.93	\$131.19	\$129.33	\$524.74	\$704.19	\$1,228.93
FAMILY	\$2,097.93	\$47.67	\$2,145.60	\$360.35	\$355.25	\$1,441.41	\$704.19	\$2,145.60

BUY UP PLAN	MONTHLY RATES		MONTHLY RATES	WEEKLY DEDUCTION		Emp Pays Monthly	Court Pays Monthly	Total Premium
SINGLE	\$ 802.13		\$ 802.13	\$24.49	\$18.29	\$97.94	\$704.19	\$802.13
EMPLOYEE/SPOUSE	\$ 1,683.01		\$ 1,683.01	\$244.71	\$227.50	\$978.82	\$704.19	\$1,683.01
EMPLOYEE / CHILD	\$ 1,443.36		\$ 1,443.36	\$184.79	\$170.59	\$739.17	\$704.19	\$1,443.36
FAMILY	\$ 2,563.88		\$ 2,563.88	\$464.92	\$436.70	\$1,859.69	\$704.19	\$2,563.88

ALTERNATE PLAN	MONTHLY RATES		MONTHLY RATES	WEEKLY DEDUCTION		Emp Pays Monthly	Court Pays Monthly	Total Premium
SINGLE	\$ 845.89		\$ 845.89	\$35.43	\$29.13	\$141.70	\$704.19	\$845.89
EMPLOYEE/SPOUSE	\$ 1,774.91		\$ 1,774.91	\$267.68	\$250.25	\$1,070.72	\$704.19	\$1,774.91
EMPLOYEE / CHILD	\$ 1,522.12		\$ 1,522.12	\$204.48	\$190.09	\$817.93	\$704.19	\$1,522.12
FAMILY	\$ 2,703.92		\$ 2,703.92	\$499.93	\$471.38	\$1,999.73	\$704.19	\$2,703.92

WAIVER HR PLAN (for employees who waive Anthem Health Plan) \$2600 per year

DENTAL PLAN	Monthly Rate	Weekly Rate
Employee	\$26.26	\$6.57
Employee/Spouse	\$56.34	\$14.09
Employee/Child	\$62.01	\$15.50
Employee/Family	\$92.60	\$23.15

VISION	Monthly Rate	Weekly Rate
Employee	\$7.76	\$1.94
Employee/+ONE	\$13.59	\$3.40
Employee Family	\$20.18	\$5.05

Grandfather In Rate: Employees hired before June 23, 2011. Court pays 60% of family type plans. Employees pay 40%