

**2020 BENEFIT PLAN RATES – BIWEEKLY
HEALTH INSURANCE**

Employees who waive medical insurance will receive waiver credit: Full-time \$119.23; Part-time 20 \$59.61

FULL TIME					PART TIME 20				
UHC HDHP Base					UHC HDHP Base				
	Premium	Subsidy	Payroll Deduction	Annual HSA/HRA		Premium	Subsidy	Payroll Deduction	Annual HSA/HRA
Employee	\$255.06	\$250.06	\$5.00	\$1,200.00	Employee	\$255.06	\$190.44	\$64.62	\$1,200.00
Emp+Spouse	\$548.61	\$533.61	\$15.00	\$2,400.00	Emp+Spouse	\$548.61	\$473.99	\$74.62	\$2,400.00
Emp+Child(ren)	\$469.12	\$459.12	\$10.00	\$2,400.00	Emp+Child(ren)	\$469.12	\$399.50	\$69.62	\$2,400.00
Emp+Family	\$801.94	\$741.94	\$60.00	\$2,400.00	Emp+Family	\$801.94	\$682.32	\$119.62	\$2,400.00
UHC HDHP OON (OUT OF NETWORK)					UHC HDHP OON (OUT OF NETWORK)				
	Premium	Subsidy	Payroll Deduction	Annual HSA/HRA		Premium	Subsidy	Payroll Deduction	Annual HSA/HRA
Employee	\$290.89	\$275.51	\$15.38	\$1,200.00	Employee	\$290.89	\$215.89	\$75.00	\$1,200.00
Emp+Spouse	\$625.64	\$590.44	\$35.20	\$2,400.00	Emp+Spouse	\$625.64	\$530.82	\$94.82	\$2,400.00
Emp+Child(ren)	\$534.99	\$506.31	\$28.68	\$2,400.00	Emp+Child(ren)	\$534.99	\$446.69	\$88.30	\$2,400.00
Emp+Family	\$914.53	\$844.04	\$70.49	\$2,400.00	Emp+Family	\$914.53	\$784.42	\$130.11	\$2,400.00
UHC CDH PLAN					UHC CDH PLAN				
	Premium	Subsidy	Payroll Deduction	Annual HSA/HRA		Premium	Subsidy	Payroll Deduction	Annual HSA/HRA
Employee	\$414.42	\$344.53	\$69.89	\$0.00	Employee	\$414.42	\$284.91	\$129.51	\$0.00
Emp+Spouse	\$891.26	\$738.47	\$152.79	\$0.00	Emp+Spouse	\$891.26	\$678.85	\$212.41	\$0.00
Emp+Child(ren)	\$762.16	\$633.15	\$129.01	\$0.00	Emp+Child(ren)	\$762.16	\$573.53	\$188.63	\$0.00
Emp+Family	\$1,302.86	\$1,057.25	\$245.61	\$0.00	Emp+Family	\$1,302.86	\$997.63	\$305.23	\$0.00
CCP HDHP					CCP HDHP				
	Premium	Subsidy	Payroll Deduction	Annual HSA/HRA		Premium	Subsidy	Payroll Deduction	Annual HSA/HRA
Employee	\$255.06	\$250.06	\$5.00	\$1,200.00	Employee	\$255.06	\$190.44	\$64.62	\$1,200.00
Emp+Spouse	\$548.61	\$533.61	\$15.00	\$2,400.00	Emp+Spouse	\$548.61	\$473.99	\$74.62	\$2,400.00
Emp+Child(ren)	\$469.12	\$459.12	\$10.00	\$2,400.00	Emp+Child(ren)	\$469.12	\$399.50	\$69.62	\$2,400.00
Emp+Family	\$801.94	\$741.94	\$60.00	\$2,400.00	Emp+Family	\$801.94	\$682.32	\$119.62	\$2,400.00
CCP CDH PLAN					CCP CDH PLAN				
	Premium	Subsidy	Payroll Deduction	Annual HSA/HRA		Premium	Subsidy	Payroll Deduction	Annual HSA/HRA
Employee	\$365.74	\$316.31	\$49.43	\$0.00	Employee	\$365.74	\$226.40	\$109.05	\$0.00
Emp+Spouse	\$786.60	\$677.80	\$108.80	\$0.00	Emp+Spouse	\$786.60	\$553.03	\$168.42	\$0.00
Emp+Child(ren)	\$672.63	\$581.25	\$91.38	\$0.00	Emp+Child(ren)	\$672.63	\$465.92	\$151.00	\$0.00
Emp+Family	\$1,149.84	\$968.55	\$181.29	\$0.00	Emp+Family	\$1,149.84	\$813.69	\$240.91	\$0.00

ANNUAL HSA CONTRIBUTION GUIDELINES

MEDICAL PLAN	TIER OF COVERAGE	COUNTY FUNDED	ELIGIBLE EMPLOYEE CONTRIBUTION - UNDER AGE 55	TOTAL 2020 CONTRIBUTION ALLOWED BY IRS	CATCH UP CONTRIBUTION FOR MEMBERS AGE 55+
HDHP	Employee Only	\$1,200	\$2,350	\$3,550	\$1,000
	Employee + Dependents	\$2,400	\$4,700	\$7,100	\$1,000 per member age 55+ *

**Catch-up contributions are HSA contributions made in addition to any regular HSA contributions. Maximum Catch-up contribution for 2020 is \$1,000. You are eligible to make catch-up contributions if you meet the eligibility requirements for regular contributions and have attained age 55 by the end of your taxable year.*

	Employee	Emp+Spouse/DP	Emp+Child(ren)	Emp+Family
Dental – DHMO Humana/CompBenefits	\$5.22	\$9.37	\$10.42	\$12.50
Dental – DPPO UnitedHealthCare	\$15.22	\$30.21	\$35.43	\$50.42
Vision	\$3.69	\$7.39	\$7.01	\$11.02

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EMPLOYEES WITH DOMESTIC PARTNER COVERAGE AND/OR OVER AGE DEPENDENT (CHILD AGE 26-30 on 01/01/20) COVERAGE

Per IRS rules, deduction is broken into pre- and after-tax; a portion of the County's subsidy is subject to Imputed Income tax.

FULLTIME	UHC HDHP Base and CCP HDHP				UHC HDHP OON (Out-of-Network)			
	Deduction		Imputed Income	Annual HSA/HRA	Deduction		Imputed Income	Annual HSA/HRA
	Pre-Tax	After-Tax			Pre-Tax	After-Tax		
Emp+CH over 26 (Child+\$20)	5.00	25.00	209.05	2,400	15.38	33.30	230.79	2,400
Emp+Family w/ child over 26 (Family+\$20)	15.00	65.00	208.33	2,400	35.20	55.29	253.60	2,400
Emp+DP	5.00	10.00	283.54	2,400	15.38	19.82	314.92	2,400
Emp+CH of DP	5.00	5.00	209.05	2,400	15.38	13.30	230.79	2,400
Emp+CH of DP over 26 (CH+\$20)	5.00	25.00	209.05	2,400	15.38	33.30	230.79	2,400
Emp+DP+CH w/ no child of DP	10.00	50.00	282.82	2,400	28.68	41.81	337.73	2,400
Emp+DP+CH of DP	5.00	55.00	491.87	2,400	15.38	55.11	568.52	2,400
Emp+DP+CH over 26 w/ no child of DP (Fam+\$20)	5.00	75.00	491.87	2,400	15.38	75.11	568.52	2,400
Emp+DP+CH of DP over 26 (Fam+\$20)	5.00	75.00	491.87	2,400	15.38	75.11	568.52	2,400

FULLTIME	CCP CDH				UHC CDH PLAN			
	Deduction		Imputed Income	Annual HRA	Deduction		Imputed Income	Annual HRA
	Pre-Tax	After-Tax			Pre-Tax	After-Tax		
Emp+CH over 26 (Child+\$20)	49.43	61.95	264.94	0	69.89	79.12	288.62	0
Emp+Family w/ child over 26 (Family+\$20)	108.80	92.49	290.75	0	152.79	112.82	318.78	0
Emp+DP	49.43	59.37	361.49	0	69.89	82.90	393.95	0
Emp+CH of DP	49.43	41.95	264.94	0	69.89	59.12	288.62	0
Emp+CH of DP over 26 (CH+\$20)	49.43	61.95	264.94	0	69.89	79.12	288.62	0
Emp+DP+CH w/ no child of DP	91.38	89.91	387.30	0	129.01	116.60	424.11	0
Emp+DP+CH of DP	49.43	131.86	652.24	0	69.89	175.72	712.73	0
Emp+DP+CH over 26 w/ no child of DP (Fam+\$20)	49.43	151.86	652.24	0	69.89	195.72	712.73	0
Emp+DP+CH of DP over 26 (Fam+\$20)	49.43	151.86	652.24	0	69.89	195.72	712.73	0

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