

2018-2019 Rates

Medical-BCBS	Full Cost Beginning September 1	Employee Medical Cost (Frontier pays 75% of the employee and 50% of dependents)	Employer Cost
EE-employee only	\$483.14	\$120.79	\$362.36
ES - employee plus spouse	\$1,087.07	\$422.75	\$664.32
EC - employee plus child(ren)	\$869.65	\$314.04	\$555.61
Family	\$1,497.73	\$628.08	\$869.65

Dental-Delta Base*	Full Cost	Employee Cost	Employer Cost
Employee Only	\$28.24	\$28.24	\$0.00
Employee+ Spouse	\$57.77	\$57.77	\$0.00
Employee + Child(ren)	\$57.34	\$57.34	\$0.00
Family	\$92.12	\$92.12	\$0.00

Dental-Delta Premium*	Full Cost	Employee Cost	Employer Cost
Employee Only	\$38.78	\$38.78	\$0.00
Employee+ Spouse	\$79.33	\$79.33	\$0.00
Employee + Child(ren)	\$91.96	\$91.96	\$0.00
Family	\$143.11	\$143.11	\$0.00

Vision Base Plan-VSP*	Full Cost	Employee Cost	Employer Cost
Employee Only	\$9.74	\$9.74	\$0.00
Employee+ Spouse	\$15.59	\$15.59	\$0.00
Employee + Child(ren)	\$15.91	\$15.91	\$0.00
Family	\$25.65	\$25.65	\$0.00

Vision Premium Plan-VSP*	Full Cost	Employee Cost	Employer Cost
Employee Only	\$17.25	\$17.25	\$0.00
Employee+ Spouse	\$27.60	\$27.60	\$0.00
Employee + Child(ren)	\$28.17	\$28.17	\$0.00
Family	\$45.42	\$45.42	\$0.00

\$50,000 Life & ADD	Full Cost	Employee Cost	Employer Cost
Employee Life	\$3.85	\$0.00	\$3.85
Employee ADD	\$0.95	\$0.00	\$0.95

* Employee Only Paid Coverages