

2019 Insurance Rates

Per Pay Period

Medical



Wellness Participant	
Employee	\$36.40
Employee + Spouse	\$202.57
Employee + Children	\$186.68
Employee + Family	\$216.49

Non-Participant Rate	
Employee	\$44.01
Employee + Spouse	\$244.99
Employee + Children	\$225.78
Employee + Family	\$261.84

Dental



PPO	
Employee	\$12.10
Employee + Spouse	\$31.59
Employee + Children	\$30.67
Employee + Family	\$32.54

DHMO	
Employee	\$4.82
Employee + Spouse	\$9.15
Employee + Children	\$9.69
Employee + Family	\$14.93

Vision



PPO	
Employee	\$3.27
Employee + Spouse	\$6.17
Employee + Children	\$6.17
Employee + Family	\$10.59

Together we enrich lives and build community.