



Effective January 01, 2020 through December 31, 2020

Medical Plan Tier	Bi-Weekly Rates
Silver PPO Plan	
Employee	\$108.64
Employee + Spouse	\$377.69
Employee + Child(ren)	\$343.35
Family	\$565.28
Copper PPO Plan	
Employee > \$11.50/hour	\$75.57
Employee < \$11.50/hour	\$63.86
Employee + Spouse	\$284.53
Employee + Child(ren)	\$258.66
Family	\$434.61
CDHP with Optional HSA Plan	
Employee > \$11.50/hour	\$58.85
Employee < \$11.50/hour	\$57.33
Employee + Spouse	\$244.92
Employee + Child(ren)	\$227.43
Family	\$367.38
Please Note: The Copper/CDHP Plan insurance premiums will automatically increase when earning more than \$11.50/Hour	

Vision Plan Bi-Weekly Rates	
Employee	\$1.95
Employee + Spouse	\$3.06
Employee + Child(ren)	\$3.12
Family	\$4.93