

2017 - 2018 HEALTH BENEFIT MONTHLY COSTS

Effective July 1, 2017 through June 30, 2018

Medical - Aetna 03/01/2016 – 06/30/2018

	<u>Single</u>	<u>Husb/wife</u>	<u>Family</u>	<u>Parent/Child(ren)</u>	<u>Chapter 375</u>
AEN10 010 00001 101	\$914.94	\$2,037.00	\$2,370.25	\$1,349.90	\$630.68
AEN15 011 00001 201	\$870.36	\$1,937.76	\$2,254.72	\$1,284.10	\$600.15
HMO10 020 00001 401	\$858.76	\$1,911.94	\$2,224.71	\$1,267.00	\$592.04
HMO20/40 (Low Cost Option 1)	\$802.07	\$1,784.46	\$2,079.23	\$1,185.45	\$553.11
AEN25/40 (Low Cost Option 2)	\$815.35	\$1,814.02	\$2,113.66	\$1,205.05	\$562.29

Prescription - Benecard 07/01/2017-06/30/2018

	<u>Single</u>	<u>Two-Party</u>	<u>Family</u>	<u>Chapter 375</u>
Professional Staff	\$243.72	\$507.53	\$507.53	\$194.40
Support Staff (UAS/UAW)	\$229.27	\$477.46	\$477.46	\$182.87

Dental – Delta Dental

	<u>Single</u>	<u>Two-Party</u>	<u>Family</u>
Delta Premier Plan eff. 07/01/2017-06/30/2018	\$34.04	\$56.47	\$108.92
Deltacare (Flagship) eff. 07/01/2017-06/30/2018	\$27.03	\$51.68	\$86.52

Vision – Vision Service Plan 07/01/2015-06/30/2019

	<u>Single</u>	<u>Two-Party</u>	<u>Family</u>
	\$7.46	\$14.86	\$14.86

02/25/2016