

HCPSS ANNUAL COSTS

Rate Chart for Active Full-time / Part-Time Employees with a Hire Date on or Before 6/30/2011

6.30% Increase for all plan coverages

Total Cost	Employee Cost	Employee Cost	Benefit	Benefit
1/1/20 - 12/31/20	1/1/20 - 12/31/20	1/1/20 - 12/31/20	Credits	Credits
(For Information Only)		Per Pay, 20 Periods		Per Pay, 20 Periods

Medical Coverage Through The School System

Aetna Open Choice PPO

Individual	\$ 8,176	\$ 1,063	\$ 53.15	\$ 420	\$ 21.00
Parent/Child(ren)	15,927	2,070	103.50	420	21.00
Husband/Wife	17,926	2,330	116.50	420	21.00
Family	25,636	3,333	166.65	420	21.00

Open Access Aetna Select HMO

Individual	\$ 6,664	\$ 866	\$ 43.30	\$ 420	\$ 21.00
Parent/Child(ren)	12,984	1,688	84.40	420	21.00
Husband/Wife	14,610	1,899	94.95	420	21.00
Family	20,893	2,716	135.80	420	21.00

BlueChoice HMO Open Access

Individual	\$ 6,959	\$ 905	\$ 45.25	\$ 420	\$ 21.00
Parent/Child(ren)	13,922	1,810	90.50	420	21.00
Husband/Wife	15,315	1,991	99.55	420	21.00
Family	22,480	2,922	146.10	420	21.00

HCPSS ANNUAL COSTS

Rate Chart for Active Full-time / Part-Time Employees with a Hire Date of 07/01/2011 and After

6.30% Increase for all plan coverages

	Total Cost	Employee Cost	Employee Cost	Benefit	Benefit
	1/1/20 - 12/31/20	1/1/20 - 12/31/20	1/1/20 - 12/31/20	Credits	Credits
	(For Information Only)		Per Pay, 20 Periods		Per Pay, 20 Periods

Medical Coverage Through The School System

Aetna Open Choice PPO

Individual	\$ 8,176	\$ 1,226	\$ 61.30	\$ 420	\$ 21.00
Parent/Child(ren)	15,927	2,389	119.45	420	21.00
Husband/Wife	17,926	2,689	134.45	420	21.00
Family	25,636	3,845	192.25	420	21.00

Open Access Aetna Select HMO

Individual	\$ 6,664	\$ 1,000	\$ 50.00	\$ 420	\$ 21.00
Parent/Child(ren)	12,984	1,948	97.40	420	21.00
Husband/Wife	14,610	2,192	109.60	420	21.00
Family	20,893	3,134	156.70	420	21.00

BlueChoice HMO Open Access

Individual	\$ 6,959	\$ 1,044	\$ 52.20	\$ 420	\$ 21.00
Parent/Child(ren)	13,922	2,088	104.40	420	21.00
Husband/Wife	15,315	2,297	114.85	420	21.00
Family	22,480	3,372	168.60	420	21.00

HCPSS Annual Dental Rates 2020

Increase

0.0%

Coverage Annual Rates Per Pay, 20 Periods

Delta Dental — PPO

Individual	\$	391	\$	19.55
Parent/Child(ren)		632		31.60
Husband/Wife		902		45.10
Family		1,216		60.80

CIGNA DHMO

No change

0.0%

Individual	\$	140	\$	7.00
Parent/Child(ren)		314		15.70
Husband/Wife		238		11.90
Family		442		22.10

HCPSS Annual Vision Rates 2020

Increase

0.0%

Coverage Annual Rates Per Pay, 20 Periods

VSP Vision

Individual	\$	82	\$	4.10
Parent/Child(ren)		112		5.60
Husband/Wife		164		8.20
Family		209		10.45