

Medical Plan Rates

(07-01-2019 through 09-30-2019)

(07-01-2019 through 09-30-2019)				
	Active Employees	Retirees*	Retirees 65+ & Direct Bill by SISC with Medicare Part A & B Coverage	
Plan	100 D	100 D	100 A	
Composite Rate	\$1,627 (total amount) \$141 (EE buy-up portion)			
Single		\$1,165 (total amount) \$103 (EE buy-up portion)	\$525	
2-Party		\$2,244 (total amount) \$206 (EE buy-up portion)	\$1,050	
Family		\$2,836 (total amount) \$261 (EE buy-up portion)	\$1,369	
Plan	90 G	90 G	100 G	
Composite Rate	\$1,486			
Single		\$1,062	\$509	
2-Party		\$2,038	\$1,018	
Family		\$2,575	\$1,321	
Plan	Anchor	Anchor	Medicare Companion	
Single	\$669		\$386	
Single + Child(ren)	\$1,020			
Family				
Plan	Minimum Value PPO	Minimum Value PPO	100 G	
Single		\$768	\$509	
2-Party		\$1,482	\$1,018	
Family		\$1,868	\$1,321	

^{*} Anyone missing one or both parts of Medicare will remain on the Retiree group number and benefit with a surcharge of \$550 per part per person.



Dental Plan Rates

(07-01-2019 through 09-30-2019)

(07-01-2019 tillough 09-30-2019)					
	Active Employees	Retirees	Retirees 65+ & Direct Bill by SISC with Medicare Part A & B Coverage		
Network	Delta Dental	Delta Dental	Delta Dental		
	PPO & Premier	PPO & Premier	PPO & Premier		
Annual Limit	Unlimited	Unlimited	\$1,500		
Composite Rate	\$148				
Single		\$85.20	\$64		
2-Party		\$171.40	\$128		
Family		\$236.20	\$168		

Dental Plan Rates

(10-01-2019 through 09-30-2020)

	Active	Retirees	Retirees 65+ & Direct Bill by SISC with Medicare
	Employees	Retirees	Part A & B Coverage
Network	Delta Dental PPO & Premier	Delta Dental PPO & Premier	Delta Dental PPO & Premier
Annual Limit	Unlimited	Unlimited	\$1,500
Composite Rate	\$151.40		
Single		\$85.60	\$64
2-Party		\$172.00	\$128
Family		\$240.20	\$168

Vision Plan Rates

(07-01-2019 through 06-30-2020)

	Active Employees	Retirees	Retirees 65+ & Direct Bill by SISC with Medicare Part A & B Coverage
Network	VSP	VSP	VSP
Annual Coverage	2 pairs of glasses \$50 deductible for contacts	2 pairs of glasses \$50 deductible for contacts	1 pair of glasses OR \$150 allowance for contacts
Composite Rate	\$32.62	\$32.62	
Single			\$12.30
2-Party			\$24.60
Family			\$36.90