



**Health Contributions
for 2020 Health Benefits
Teamsters - General**

2020 Medical Plan Premiums (Monthly)

Plan Code	Plan Type	County Contribution	Employee Contribution
<u>Select Plus- No Deductible Plan</u>			
1	Employee Only	\$532.78	\$161.22
2	Employee + Spouse	\$976.00	\$183.00
3	Employee + Child(ren)	\$884.00	\$181.00
4	Employee + Family	\$1,192.00	\$294.00
<u>Plan E- High Deductible and H.S.A Plan</u>			
1	Employee Only	\$532.78	\$96.22
2	Employee + Spouse	\$976.00	\$70.00
3	Employee + Child(ren)	\$884.00	\$81.00
4	Employee + Family	\$1,192.00	\$137.00

2020 Delta Dental Premiums (Monthly)

	Employee	Employee+1	Family
Plan A-PPO/DPO	\$38.20	\$83.40	\$131.06
Plan B-Premier	\$41.64	\$89.94	\$133.50

2020 VSP Vision Premiums (Monthly)

	Employee	Employee+1	Family
Vision plan	\$13.90	\$13.90	\$13.90

Note: Rates may vary for those with part-time status, out of area plans, or domestic partners. Please contact Human Resources for further information. HR.Benefits@buttecounty.net.

Employee contribution will be divided between the 1st and 2nd pay period of the month.

County contribution is subject to Memorandum of Understanding or Salary and Benefits Resolution.