



## Health Contributions for 2020 Health Benefits *Teamsters - SSW*

### 2020 Medical Plan Premiums (Monthly)

Plan Code	Plan Type	County Contribution	Employee Contribution
<b><u>Select Plus- No Deductible Plan</u></b>			
1	Employee Only	\$505.28	<b>\$188.72</b>
2	Employee + Spouse	\$948.50	<b>\$210.50</b>
3	Employee + Child(ren)	\$856.50	<b>\$208.50</b>
4	Employee + Family	\$1,164.50	<b>\$321.50</b>
<b><u>Plan E- High Deductible and H.S.A Plan</u></b>			
1	Employee Only	\$505.28	<b>\$123.72</b>
2	Employee + Spouse	\$948.50	<b>\$97.50</b>
3	Employee + Child(ren)	\$856.50	<b>\$108.50</b>
4	Employee + Family	\$1,164.50	<b>\$164.50</b>

### 2020 Delta Dental Premiums (Monthly)

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

### 2020 VSP Vision Premiums (Monthly)

	Employee	Employee+1	Family
<b>Vision plan</b>	\$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](mailto:HR.Benefits@buttecounty.net).

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

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