

CONTRIBUTIONS

See below for your 2020 Johnson County Medical, Dental, and Vision monthly contribution rates.

| PPO PCB | | | | | | | | |
|-----------------|----------------|-----------|------------------|------------------|--------------|-------------------|-------------------|--------------|
| | Full Incentive | Base Rate | EE Wellness Only | SP Wellness Only | Tobacco Only | SP Well & Tobacco | EE Well & Tobacco | EE & SP Well |
| Individual | \$78.00 | \$188.00 | \$118.00 | | \$148.00 | | \$78.00 | |
| EE + Spouse | \$175.00 | \$325.00 | \$255.00 | \$285.00 | \$285.00 | \$245.00 | \$215.00 | \$215.00 |
| EE + Child(ren) | \$170.00 | \$280.00 | \$210.00 | | \$240.00 | | \$170.00 | |
| Family | \$219.00 | \$369.00 | \$299.00 | \$329.00 | \$329.00 | \$289.00 | \$259.00 | \$259.00 |

| PPO BS+ | | | | | | | | |
|-----------------|----------------|-----------|------------------|------------------|--------------|-------------------|-------------------|--------------|
| | Full Incentive | Base Rate | EE Wellness Only | SP Wellness Only | Tobacco Only | SP Well & Tobacco | EE Well & Tobacco | EE & SP Well |
| Individual | \$66.00 | \$176.00 | \$106.00 | | \$136.00 | | \$66.00 | |
| EE + Spouse | \$149.00 | \$299.00 | \$229.00 | \$259.00 | \$259.00 | \$219.00 | \$189.00 | \$189.00 |
| EE + Child(ren) | \$145.00 | \$255.00 | \$185.00 | | \$215.00 | | \$145.00 | |
| Family | \$187.00 | \$337.00 | \$267.00 | \$297.00 | \$297.00 | \$257.00 | \$227.00 | \$227.00 |

| BlueSaver PCB | | | | | | | | |
|-----------------|----------------|-----------|------------------|------------------|--------------|-------------------|-------------------|--------------|
| | Full Incentive | Base Rate | EE Wellness Only | SP Wellness Only | Tobacco Only | SP Well & Tobacco | EE Well & Tobacco | EE & SP Well |
| Individual | \$23.00 | \$133.00 | \$63.00 | | \$93.00 | | \$23.00 | |
| EE + Spouse | \$65.00 | \$215.00 | \$145.00 | \$175.00 | \$175.00 | \$135.00 | \$105.00 | \$105.00 |
| EE + Child(ren) | \$60.00 | \$170.00 | \$100.00 | | \$130.00 | | \$60.00 | |
| Family | \$108.00 | \$258.00 | \$188.00 | \$218.00 | \$218.00 | \$178.00 | \$148.00 | \$148.00 |

| BlueSaver BS+ | | | | | | | | |
|-----------------|----------------|-----------|------------------|------------------|--------------|-------------------|-------------------|--------------|
| | Full Incentive | Base Rate | EE Wellness Only | SP Wellness Only | Tobacco Only | SP Well & Tobacco | EE Well & Tobacco | EE & SP Well |
| Individual | \$20.00 | \$130.00 | \$60.00 | | \$90.00 | | \$20.00 | |
| EE + Spouse | \$55.00 | \$205.00 | \$135.00 | \$165.00 | \$165.00 | \$125.00 | \$95.00 | \$95.00 |
| EE + Child(ren) | \$51.00 | \$161.00 | \$91.00 | | \$121.00 | | \$51.00 | |
| Family | \$92.00 | \$242.00 | \$172.00 | \$202.00 | \$202.00 | \$162.00 | \$132.00 | \$132.00 |

| 2020 Dental and Vision Monthly Contribution Rates | | |
|---|----------------------------|---------------|
| Plan | Tier | Employee Cost |
| Delta Dental | Employee | \$6 |
| | Employee + Spouse | \$12 |
| | Employee + Child(ren) | \$15 |
| | Family | \$23 |
| Vision With Medical | Employee | \$0 |
| | Employee + Spouse | \$0 |
| | Employee + Child(ren) | \$0 |
| | Family | \$0 |
| Vision Buy-Up | Add Spouse | \$4.94 |
| | Add Child | \$5.63 |
| | Add Family | \$11.94 |
| | Medical ESP and Vision Fam | \$7.00 |
| | Medical ECH and Vision Fam | \$6.31 |
| Vision Without Medical | Employee | \$4.92 |
| | Employee + Spouse | \$9.86 |
| | Employee + Child(ren) | \$10.55 |
| | Family | \$16.86 |