

2020 Insurance Rate Sheet - 90% / 10% / 67.50%

\$2,500 Deductible HDHP PPO

Medical Plan Coverage	2020 Monthly Premium	2020 Monthly Bethany	2020 Monthly Employee
Employee Coverage	\$927.20	\$834.48	\$92.72
Employee + Spouse	\$1,845.82	\$1,454.56	\$391.26
Employee + Children	\$1,654.87	\$1,325.67	\$329.20
Family Coverage	\$2,573.48	\$1,945.72	\$627.76

\$6,000 Deductible HDHP PPO

Medical Plan Coverage	2020 Monthly Premium	2020 Monthly Bethany	2020 Monthly Employee
Employee Coverage	\$794.96	\$794.96	\$0.00
Employee + Spouse	\$1,642.32	\$1,454.56	\$187.76
Employee + Children	\$1,368.13	\$1,325.67	\$42.46
Family Coverage	\$2,215.47	\$1,945.73	\$269.74

\$2,500 Deductible PPO

Medical Plan Coverage	2020 Monthly Premium	2020 Monthly Bethany	2020 Monthly Employee
Employee Coverage	\$1,003.78	\$834.48	\$169.30
Employee + Spouse	\$2,003.99	\$1,454.57	\$549.42
Employee + Children	\$1,796.08	\$1,325.68	\$470.40
Family Coverage	\$2,796.27	\$1,945.73	\$850.54

\$1,500 Deductible PPO

Medical Plan Coverage	2020 Monthly Premium	2020 Monthly Bethany	2020 Monthly Employee
Employee Coverage	\$1,101.40	\$834.48	\$266.92
Employee + Spouse	\$2,205.57	\$1,454.57	\$751.00
Employee + Children	\$1,944.23	\$1,325.67	\$618.56
Family Coverage	\$3,080.24	\$1,945.72	\$1,134.52

2019 Insurance Rate Sheet - 90% / 10% / 67.50%

\$2,500 Deductible HDHP PPO

Medical Plan Coverage	2019 Monthly Premium	2019 Monthly Bethany	2019 Monthly Employee
Employee Coverage	\$886.42	\$797.78	\$88.64
Employee + Spouse	\$1,764.65	\$1,390.59	\$374.06
Employee + Children	\$1,582.09	\$1,267.37	\$314.72
Family Coverage	\$2,460.31	\$1,860.15	\$600.16

\$6,000 Deductible HDHP PPO

Medical Plan Coverage	2019 Monthly Premium	2019 Monthly Bethany	2019 Monthly Employee
Employee Coverage	\$760.00	\$760.00	\$0.00
Employee + Spouse	\$1,570.10	\$1,390.60	\$179.50
Employee + Children	\$1,307.96	\$1,267.38	\$40.58
Family Coverage	\$2,118.04	\$1,860.16	\$257.88

\$2,500 Deductible PPO

Medical Plan Coverage	2019 Monthly Premium	2019 Monthly Bethany	2019 Monthly Employee
Employee Coverage	\$959.64	\$797.78	\$161.86
Employee + Spouse	\$1,915.86	\$1,390.60	\$525.26
Employee + Children	\$1,717.09	\$1,267.37	\$449.72
Family Coverage	\$2,673.30	\$1,860.16	\$813.14

\$1,500 Deductible PPO

Medical Plan Coverage	2019 Monthly Premium	2019 Monthly Bethany	2019 Monthly Employee
Employee Coverage	\$1,052.96	\$797.78	\$255.18
Employee + Spouse	\$2,108.58	\$1,390.60	\$717.98
Employee + Children	\$1,858.73	\$1,267.37	\$591.36
Family Coverage	\$2,944.78	\$1,860.16	\$1,084.62