



FY 2018/19

Employee Benefits & Wellness

Medical, Dental & Vision Premiums

MEDICAL - HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

(Administered by Aetna) Premiums do not reflect Healthy Lifestyle Premium Discounts (HLPDs)

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County*	Monthly	COBRA**
Employee Only	\$35.00	\$131.59	\$360.93	\$368.15
Employee + Spouse	\$46.13	\$335.05	\$825.88	\$842.40
Employee + Child(ren)	\$45.13	\$325.49	\$803.01	\$819.07
Employee + Family	\$62.27	\$480.26	\$1,175.47	\$1,198.98

PIMA COUNTY SELF-FUNDED DENTAL PLAN

(Administered by Ameritas)

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County	Monthly	COBRA**
Employee Only	\$10.23	\$10.23	\$44.34	\$45.23
Employee + Spouse	\$25.20	\$10.23	\$76.76	\$78.30
Employee + Child(ren)	\$23.11	\$10.23	\$72.24	\$73.68
Employee + Family	\$38.01	\$10.23	\$104.53	\$106.62

EMPLOYERS DENTAL SERVICES (EDS)

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County	Monthly	COBRA**
Employee Only	\$1.95	\$1.95	\$8.45	\$8.62
Employee + Spouse	\$6.33	\$1.95	\$17.93	\$18.29
Employee + Child(ren)	\$9.53	\$1.95	\$24.86	\$25.36
Employee + Family	\$10.46	\$1.95	\$26.89	\$27.43

DAVIS VISION

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County	Monthly	COBRA**
Employee Only	\$2.60	\$0.00	\$5.63	\$5.74
Employee + Spouse	\$4.13	\$0.00	\$8.95	\$9.13
Employee + Child(ren)	\$4.96	\$0.00	\$10.75	\$10.97
Employee + Family	\$5.52	\$0.00	\$11.96	\$12.20

*Pima County will pay Health Savings Account (HSA) administrative fees as well as make bi-weekly HSA deposits for employees enrolled in the HDHP with HSA. Employee Only \$38.46; Employee plus Dependent(s) \$76.92

** All COBRA premiums include a 2% administrative fee