



# FY 2019/20

## 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	<b>\$10.23</b>	\$10.23	\$44.34	\$45.23
Employee + Spouse	<b>\$25.20</b>	\$10.23	\$76.76	\$78.30
Employee + Child(ren)	<b>\$23.11</b>	\$10.23	\$72.24	\$73.68
Employee + Family	<b>\$38.01</b>	\$10.23	\$104.53	\$106.62

#### EMPLOYERS DENTAL SERVICES (EDS)

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County	Monthly	COBRA**
Employee Only	<b>\$2.02</b>	\$2.02	\$8.74	\$8.91
Employee + Spouse	<b>\$6.55</b>	\$2.02	\$18.55	\$18.92
Employee + Child(ren)	<b>\$9.86</b>	\$2.02	\$25.73	\$26.24
Employee + Family	<b>\$10.83</b>	\$2.02	\$27.83	\$28.39

#### DAVIS VISION

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