



FY 2020/21

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	\$38.01	\$142.92	\$392.02	\$399.86
Employee + Spouse	50.10	363.90	897.01	914.95
Employee + Child(ren)	49.02	353.52	872.17	889.61
Employee + Family	67.63	521.62	1,276.71	1,302.24

PIMA COUNTY SELF-FUNDED DENTAL PLAN (PPO)

(Administered by Delta Dental of Arizona)

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County	Monthly	COBRA**
Employee Only	8.92	8.92	38.63	39.40
Employee + Spouse	15.44	15.44	66.88	68.22
Employee + Child(ren)	14.53	14.53	62.94	64.20
Employee + Family	21.02	21.02	91.08	92.90

SOLSTICE DENTAL (DHMO)

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County	Monthly	COBRA**
Employee Only	1.84	1.84	7.95	8.11
Employee + Spouse	3.89	3.89	16.86	17.20
Employee + Child(ren)	5.38	5.38	23.29	23.76
Employee + Family	5.84	5.84	25.30	25.81

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