



2020 Rates

Please note: Premiums are calculated on a monthly basis, and the full amount is due each month. Any remaining premium will be taken from the last paycheck if applicable.

Please note that rates will be offset by your health and welfare fringe benefit. Additionally, to comply with the Affordable Care Act, employees working under a Service Contract Act (SCA) who are not already enrolled on a UIC group health plan, will be enrolled automatically into employee only coverage on the High Deductible Basic Plan, effective January 1, 2020. This plan is considered affordable Minimum Essential Coverage that meets ACA minimum value standards. Because you are being offered this affordable health coverage, you and your dependents will not be eligible for a subsidy through the individual Marketplace. Please contact HR Benefits with any questions regarding this information.

CDHP + HSA	Total Monthly Premium	Total Bi-Weekly Premium	Your Weekly Premium
Employee	\$843.72	\$389.41	\$194.70
Employee + Child	\$1,222.01	\$564.00	\$282.00
Employee + Children	\$1,834.96	\$846.90	\$423.45
Employee + Spouse	\$1,930.81	\$891.14	\$445.57
Employee + Family	\$2,654.56	\$1,225.18	\$612.59

CDHP + HRA	Total Monthly Premium	Total Bi-Weekly Premium	Your Weekly Premium
Employee	\$941.70	\$434.63	\$217.32
Employee + Child	\$1,364.02	\$629.55	\$314.77
Employee + Children	\$2,048.07	\$945.26	\$472.63
Employee + Spouse	\$2,155.04	\$994.63	\$497.32
Employee + Family	\$2,962.74	\$1,367.42	\$683.71

High Deductible Basic	Total Monthly Premium	Total Bi-Weekly Premium	Your Weekly Premium
Employee	\$580.37	\$267.86	\$133.93
Employee + Child	\$840.98	\$388.14	\$194.07
Employee + Children	\$1,262.13	\$582.52	\$291.26
Employee + Spouse	\$1,327.98	\$612.91	\$306.46
Employee + Family	\$1,825.24	\$842.42	\$421.21

TriCare Supplement	Total Monthly Premium	Total Bi-Weekly Premium	Your Weekly Premium
Employee	\$67.50	\$31.15	\$15.58
Employee + Child	\$132.50	\$61.15	\$30.58
Employee + Children	\$132.50	\$61.15	\$30.58
Employee + Spouse	\$132.50	\$61.15	\$30.58
Employee + Family	\$178.50	\$82.38	\$41.19

Dental Core	Total Monthly Premium	Total Bi-Weekly Premium	Your Weekly Premium
Employee	\$35.62	\$16.44	\$8.22
Employee + Child	\$58.77	\$27.12	\$13.56
Employee + Children	\$78.36	\$36.17	\$18.08
Employee + Spouse	\$71.23	\$32.88	\$16.44
Employee + Family	\$107.56	\$49.64	\$24.82

Dental Buy Up	Total Monthly Premium	Total Bi-Weekly Premium	Your Weekly Premium
Employee	\$44.96	\$20.75	\$10.38
Employee + Child	\$74.19	\$34.24	\$17.12
Employee + Children	\$98.92	\$45.66	\$22.83
Employee + Spouse	\$89.93	\$41.51	\$20.75
Employee + Family	\$135.79	\$62.67	\$31.34

Vision	Total Monthly Premium	Total Bi-Weekly Premium	Your Weekly Premium
Employee	\$7.03	\$3.24	\$1.62
Employee + Child	\$10.19	\$4.70	\$2.35
Employee + Children	\$15.29	\$7.06	\$3.53
Employee + Spouse	\$16.08	\$7.42	\$3.71
Employee + Family	\$22.11	\$10.20	\$5.10

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