

2016 Premium Rate Sheet for C3 Benefits Group

2016 Premium Rate Sheet for Union Employees 571 911 Communications - HDEA Health Department - Teamsters Nurses - EULA (Correction Clerical) - IBEW Supervisors - HC Security - AFSCME 251 \$300 Deductible Plan						
Plan	Class of Coverage	2016 Total Premium	Amount Paid By County	Employee Monthly Premium	Employee Bi-Monthly Deduction	Monthly Rate w/ Vision
UHC	Employee Only	\$759.63	\$ 706.46	\$ 53.17	\$ 26.59	
	Employee & One Dependent	\$1,393.46	\$1,184.44	\$ 209.02	\$ 104.51	
	Employee & Two or More Dependents	\$1,878.20	\$1,596.47	\$ 281.73	\$ 140.87	
Delta	Employee Only	\$25.30	\$ 21.51	\$ 3.79	\$ 1.90	
Dental	Employee & One Dependent	\$65.42	\$ 52.34	\$ 13.08	\$ 6.54	
	Employee & Two or More Dependents	\$65.42	\$ 52.34	\$ 13.08	\$ 6.54	
Total Medical and Dental Premiums						
	Employee Only			\$ 56.96	\$ 28.48	\$ 62.27
	Employee & One Dependent			\$ 222.10	\$ 111.05	\$ 230.69
	Employee & Two or More Dependents			\$ 294.81	\$ 147.41	\$ 308.04