2019 ASI - Military Tricare Supplement Participants Only

Plan	Class of Coverage	2019 Total Premium	Amount Paid By County	Employee Monthly Premium	Employee Bi-Monthly Deduction
ASI	Employee Only	$67.50	$ -	$ 67.50	$ 33.75
	Employee + Spouse	$132.50	-	$ 132.50	$ 66.25
	Employee + Child(ren)	$132.50	$ -	$ 132.50	$ 66.25
	Employee + Family	$178.50	$ -	$ 178.50	$ 89.25
Delta Dental	Employee Only	$25.30	$ 21.51	$ 3.79	$ 1.90
	Employee + Spouse	$65.42	$ 52.34	$ 13.08	$ 6.54
	Employee + Child(ren)	$65.42	$ 52.34	$ 13.08	$ 6.54
	Employee + Family	$65.42	$ 52.34	$ 13.08	$ 6.54
Total Medical and Dental Premiums					
	Employee Only			$ 71.29	$ 35.65
	Employee + Spouse			$ 145.58	$ 72.79
	Employee + Child(ren)			$ 145.58	$ 72.79
	Employee + Family			$ 191.58	$ 95.79

Rates Pending Update from ASI