

**MEDICAL INSURANCE**  
**EMPLOYEE MONTHLY COST**

**JULY 1, 2020**

Total Monthly Cost

<b>SEA</b>			
<b>Plan Options</b>	<b>HMO-ABNE w/RX R10/25/40 M10/40/70</b>	<b>ABNE SOS 25/50 3K w/RX R10/25/40 M10/40/70</b>	<b>Lumenos High Ded. Plan w/ RX Express Script</b>
1 person	\$994.78	\$592.56	\$ 852.81
2 person	\$1,989.55	\$1,185.10	\$1,705.62
Family	\$2,685.89	\$1,599.89	\$2,302.58

SEA Monthly Cost

<b>SEA</b>			
<b>Plan Options</b>	<b>HMO-ABNE (21%) w/RX R10/25/40 M10/40/70</b>	<b>ABNE SOS 25/503K (4%) w/RX R10/25/40 M10/40/70</b>	<b>Lumenos High Ded. (11%) w/ RX Express Script</b>
1 person	\$208.90	\$23.71	\$93.81
2 person	\$417.81	\$47.41	\$187.62
Family	\$564.04	\$64.00	\$253.29

**DENTAL INSURANCE – OPTION 1\***

**EMPLOYEE MONTHLY COST**

**JULY 1, 2020**

1 person (25%)	\$11.22
2 person (50%)	\$43.43
Family (50%)	\$79.03

04.06.2020