

# **FY20 CEA Employee Health Insurance Premiums**

<b>FTE</b>	<b>Per Payroll Premium</b>	<b>Total Annual Employee Premium</b>
<b>Medical A/Dental B Plan</b>		
.875 - 1.0	\$ 261.40	\$ 4,705.20
.75 - .874	\$ 559.91	\$ 10,078.38
.49 - .74	\$ 858.43	\$ 15,451.74
<b>Medical C/Dental B Plan</b>		
.875 - 1.0	\$ 184.73	\$ 3,325.14
.75 - .874	\$ 483.25	\$ 8,698.50
.49 - .74	\$ 781.76	\$ 14,071.68
<b>Medical F/Dental B Plan</b>		
.875 - 1.0	\$ 78.73	\$ 1,417.14
.75 - .874	\$ 377.25	\$ 6,790.50
.49 - .74	\$ 597.03	\$ 10,746.54
<b>High Deductible/Value Dental</b>		
.875 - 1.0	\$ -	\$ -
.75 - .874	\$ 285.66	\$ 5,141.88
.49 - .74	\$ 571.33	\$ 10,283.94