

FY2019 Employee Semimontly Deduction

FY 2019 Employee Semi Monthly Pay Roll Deductions

Medical Plan (No Dental or Vision)			
Per Pay Period	1000 Deductable	2800 Deductable	5000 Deductable
Employee Only	\$82.50	\$55.00	\$0.00
Employee + 1	\$425.00	\$275.00	\$200.00
Family	\$650.00	\$450.00	\$325.00

Medical Plan + Vison (No Dental)

Per Pay Period	1000 Deductable	2800 Deductable	5000 Deductable
Employee Only	\$86.00	\$58.50	\$3.50
Employee + 1	\$430.50	\$280.50	\$205.50
Family	\$659.00	\$459.00	\$334.00

Medical Plan + Dental (No Vison)

Per Pay Period	1000 Deductable	2800 Deductable	5000 Deductable
Employee Only	\$102.50	\$75.00	\$20.00
Employee + 1	\$467.50	\$317.50	\$242.50
Family	\$718.50	\$518.50	\$393.50

Medical Plan + Dental and Vison

Per Pay Period	1000 Deductable	2800 Deductable	5000 Deductable
Employee Only	\$106.00	\$78.50	\$23.50
Employee + 1	\$473.00	\$323.00	\$248.00
Family	\$727.50	\$527.50	\$402.50

FY2019 Giles County Monthly Health Benefit Cost

Total FY 2019 Monthly Plan Cost with HSA Contribution

Medical Plan (No Dental or Vision)			
Monthly Cost	1000 Deductable	2800 Deductable	5000 Deductable
Employee Only	\$715.00	\$735.00	\$675.00
Employee + 1	\$1,400.00	\$1,175.00	\$1,075.00
Family	\$1,850.00	\$1,525.00	\$1,325.00

Medical Plan + Vison (No Dental)

Monthly Cost	1000 Deductable	2800 Deductable	5000 Deductable
Employee Only	\$722.00	\$742.00	\$682.00
Employee + 1	\$1,411.00	\$1,186.00	\$1,086.00
Family	\$1,868.00	\$1,543.00	\$1,343.00

Medical Plan + Dental (No Vison)

Monthly Cost	1000 Deductable	2800 Deductable	5000 Deductable
Employee Only	\$755.00	\$775.00	\$715.00
Employee + 1	\$1,485.00	\$1,260.00	\$1,160.00
Family	\$1,987.00	\$1,662.00	\$1,462.00

Medical Plan + Dental and Vison

Monthly Cost	1000 Deductable	2800 Deductable	5000 Deductable
Employee Only	\$762.00	\$782.00	\$722.00
Employee + 1	\$1,496.00	\$1,271.00	\$1,171.00
Family	\$2,005.00	\$1,680.00	\$1,480.00

Monthly Plan Cost Includes County HSA Contribution