

Hanover County Health and Dental Rates - Effective 1/01/2020

Cigna - Full Time Rates

	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
PREMIUM PLAN				
Employee	\$821.00	\$717.00	\$104.00	\$52.00
Employee + Child	\$1,240.00	\$906.00	\$334.00	\$167.00
Employee + Spouse	\$1,670.00	\$1,012.00	\$658.00	\$329.00
Employee + 2 Children	\$1,652.00	\$1,094.00	\$558.00	\$279.00
Employee + Family	\$2,317.00	\$1,485.00	\$832.00	\$416.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$2,317.00	\$1,685.00	\$632.00	\$316.00
STANDARD PLAN				
Employee	\$540.00	\$502.00	\$38.00	\$19.00
Employee + Child	\$815.00	\$676.00	\$139.00	\$69.50
Employee + Spouse	\$1,097.00	\$800.00	\$297.00	\$148.50
Employee + 2 Children	\$1,086.00	\$814.00	\$272.00	\$136.00
Employee + Family	\$1,523.00	\$1,105.00	\$418.00	\$209.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$1,523.00	\$1,305.00	\$218.00	\$109.00
Consumer Driven Health Plan w/H.S.A.				
Employee	\$462.00	\$442.00	\$20.00	\$10.00
Employee + Child	\$700.00	\$591.00	\$109.00	\$54.50
Employee + Spouse	\$941.00	\$676.00	\$265.00	\$132.50
Employee + 2 Children	\$931.00	\$705.00	\$226.00	\$113.00
Employee + Family	\$1,307.00	\$972.00	\$335.00	\$167.50
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$1,307.00	\$1,172.00	\$135.00	\$67.50

Cigna - Part Time Rates

	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
PREMIUM PLAN				
Employee	\$821.00	\$542.00	\$279.00	\$139.50
Employee + Child	\$1,240.00	\$722.00	\$518.00	\$259.00
Employee + Spouse	\$1,670.00	\$822.00	\$848.00	\$424.00
Employee + 2 Children	\$1,652.00	\$896.00	\$756.00	\$378.00
Employee + Family	\$2,317.00	\$1,287.00	\$1,030.00	\$515.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$2,317.00	\$1,487.00	\$830.00	\$415.00
STANDARD PLAN				
Employee	\$540.00	\$385.00	\$155.00	\$77.50
Employee + Child	\$815.00	\$539.00	\$276.00	\$138.00
Employee + Spouse	\$1,097.00	\$658.00	\$439.00	\$219.50
Employee + 2 Children	\$1,086.00	\$669.00	\$417.00	\$208.50
Employee + Family	\$1,523.00	\$955.00	\$568.00	\$284.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$1,523.00	\$1,155.00	\$368.00	\$184.00
Consumer Driven Health Plan w/H.S.A.				
Employee	\$462.00	\$353.00	\$109.00	\$54.50
Employee + Child	\$700.00	\$464.00	\$236.00	\$118.00
Employee + Spouse	\$941.00	\$538.00	\$403.00	\$201.50
Employee + 2 Children	\$931.00	\$564.00	\$367.00	\$183.50
Employee + Family	\$1,307.00	\$816.00	\$491.00	\$245.50
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$1,307.00	\$1,016.00	\$291.00	\$145.50

Cigna Vision - All Employees

	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$5.20	\$0.00	\$5.20	\$2.60
Employee + Child	\$10.50	\$0.00	\$10.50	\$5.25
Employee + Spouse	\$10.39	\$0.00	\$10.39	\$5.20
Employee + 2 Children	\$10.50	\$0.00	\$10.50	\$5.25
Employee + Family	\$16.75	\$0.00	\$16.75	\$8.38

Delta Dental - Full Time & Part Time Rates

	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Delta PPO-EPO				
Employee	\$27.28	\$0.00	\$27.28	\$13.64
Employee + Child	\$47.36	\$0.00	\$47.36	\$23.68
Employee + Spouse OR Employee + 2 Children	\$50.20	\$0.00	\$50.20	\$25.10
Employee + Family	\$68.36	\$0.00	\$68.36	\$34.18
Delta Low Option				
Employee	\$23.50	\$0.00	\$23.50	\$11.75
Employee + Child	\$40.42	\$0.00	\$40.42	\$20.21
Employee + Spouse OR Employee + 2 Children	\$47.52	\$0.00	\$47.52	\$23.76
Employee + Family	\$85.08	\$0.00	\$85.08	\$42.54
Delta High Option				
Employee	\$33.24	\$0.00	\$33.24	\$16.62
Employee + Child	\$57.14	\$0.00	\$57.14	\$28.57
Employee + Spouse OR Employee + 2 Children	\$67.18	\$0.00	\$67.18	\$33.59
Employee + Family	\$110.78	\$0.00	\$110.78	\$55.39