



**Palm Beach County
Board of County Commissioners
Group Insurance Rates - 2020**

Medical Insurance – CIGNA – The County shares the cost of the premium with employee

Plan	Level of coverage	Actual Cost	Monthly Employer Portion	Biweekly Employer Portion	Monthly Employee Portion	Biweekly Employee Portion
HMO	EE Only	\$794.28	\$763.28	\$381.64	\$31.00	\$15.50
	EE + 1	\$1,653.14	\$1,452.14	\$726.07	\$201.00	\$100.50
	EE+ 2 or more	\$2,268.30	\$1,928.30	\$964.15	\$340.00	\$170.00
	Overage Dep.*	\$476.56	\$0.00	\$0.00	\$476.56	\$238.28
OAPIN	EE Only	\$830.02	\$781.02	\$390.51	\$49.00	\$24.50
	EE + 1	\$1,727.54	\$1,452.54	\$726.27	\$275.00	\$137.50
	EE+ 2 or more	\$2,370.38	\$1,928.38	\$964.19	\$442.00	\$221.00
	Overage Dep.*	\$498.00	\$0.00	\$0.00	\$498.00	\$249.00
POS	EE Only	\$880.96	\$813.96	\$406.98	\$67.00	\$33.50
	EE + 1	\$1,808.38	\$1,480.38	\$740.19	\$328.00	\$164.00
	EE+ 2 or more	\$2,482.26	\$1,981.26	\$990.63	\$501.00	\$250.50
	Overage Dep.*	\$545.60	\$0.00	\$0.00	\$545.60	\$272.80
*Overage Dependent: Additional amounts for each dep. age 26– 30 will be added to rates for other levels of coverage and 100% employee paid on a post-tax basis						

Dental Insurance –Solstice – Premiums are 100% employee paid

Plans	Solstice DHMO		Solstice Low PPO		Solstice High PPO	
Level of Coverage	Actual Monthly Cost	Biweekly Deduction	Actual Monthly Cost	Biweekly Deduction	Actual Monthly Cost	Biweekly Deduction
EE Only	\$11.16	\$5.58	\$17.21	\$8.61	\$32.33	\$16.17
EE + 1	\$19.09	\$9.55	\$32.67	\$16.34	\$61.95	\$30.98
EE+ 2	\$25.87	\$12.94	\$39.96	\$19.98	\$71.57	\$35.79
EE+ 3 or more	\$34.13	\$17.07	\$55.49	\$27.75	\$101.22	\$50.61

Term Life & AD&D Insurance – Securian Financial formerly, Minnesota Life Insurance Co.

- **Free Basic Term Life:** EE Only - \$25,000 + \$15,000 AD&D coverage - 100% employer paid
 - ***Additional/Supplement Life & AD&D – EE Only - \$10,000 increments up to \$300,000.**
- 100% employee paid**

Coverage Amount	Bi-weekly Rate	Coverage Amount	Bi-weekly Rate	Coverage Amount	Bi-Weekly Rate
\$10,000	\$1.68	\$110,000	\$18.48	\$210,000	\$35.28
\$20,000	\$3.36	\$120,000	\$20.16	\$220,000	\$36.96
\$30,000	\$5.04	\$130,000	\$21.84	\$230,000	\$38.64
\$40,000	\$6.72	\$140,000	\$23.52	\$240,000	\$40.32



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\$50,000	\$8.40		\$150,000	\$25.20		\$250,000	\$42.00
\$60,000	\$10.08		\$160,000	\$26.88		\$260,000	\$43.68
\$70,000	\$11.76		\$170,000	\$28.56		\$270,000	\$45.36
\$80,000	\$13.44		\$180,000	\$30.24		\$280,000	\$47.04
\$90,000	\$15.12		\$190,000	\$31.92		\$290,000	\$48.72
\$100,000	\$16.80		\$200,000	\$33.60		\$300,000	\$50.40
- *Spouse Term Life and *Spouse AD&D Insurance – \$5,000 increments up to \$50,000 not to exceed 100% of employee's total coverage. *Child Term Life Insurance – \$5,000 or \$10,000 coverage.							
SPOUSE Coverage Amount	Bi-weekly Rate		SPOUSE Coverage Amount	Bi-weekly Rate		CHILD Coverage Amount	Bi-weekly Rate
\$5,000	\$0.84		\$30,000	\$5.04		\$5,000	\$0.17
\$10,000	\$1.68		\$35,000	\$5.88		\$10,000	\$0.34
\$15,000	\$2.52		\$40,000	\$6.72			
\$20,000	\$3.36		\$45,000	\$7.56		*100% employee paid	
\$25,000	\$4.20		\$50,000	\$8.40			

Short Term Disability Insurance – CIGNA Group Insurance

EE Only - Weekly benefit is 67% of gross/max \$1200/week. **100% employee paid**
\$15.75 - Bi-weekly Rate

Long Term Disability Insurance – CIGNA Group Insurance

Free Basic LTD – EE Only – must have HMO medical plan. Monthly benefit is 50% of monthly gross/max \$1,000/month. ***100% Employer paid.**

Voluntary /Buy-Up LTD – EE Only - Monthly benefit is 60% of monthly gross / max \$5,000/month.

100% employee paid. Cost is based on salary. Use formula to calculate rate:

- Employee with HMO: Annual salary ÷ 12 months x .0045 = monthly ÷ 2 = bi-weekly rate
- Employee without HMO: Annual salary ÷ 12 months x .0058 = monthly ÷ 2 = bi-weekly rate

Example: HMO EE @ \$30,000/yr will pay \$3.33 bi-weekly ♦Non-HMO EE @ \$30,000 will pay \$7.25 bi-weekly

FLEXIBLE SPENDING ACCOUNTS – P & A Administrative Services, Inc. -

Contributions are based on 26 pay periods

- Healthcare FSA contributions: \$260 min - **\$2,700** max annually or \$10.00 - **\$103.85** bi-weekly
- Dependent Care FSA contributions: \$260 min - **\$5,000** max annually or \$10.00 min – **\$ 192.31** bi-weekly

- All Rates are subject to change.
- The same rates apply for medical, dental and life coverage that include domestic partner. However, the costs for the domestic partner/eligible domestic partner dependent will be deducted on a post-tax basis

This is a rate summary. In the event of a conflict between this summary and the applicable Group Insurance policy, contract, and/or certificate, the policy, contract and/or certificate shall dictate the insurance and coverage provisions, rates, exclusions, all limitations and terms of coverage. In accordance with the provisions of the ADA, this document may be requested in an alternative format. If you have any questions or would like to receive additional benefit plan materials, please contact your Group Insurance office.