

## 2020 Bi-weekly MEDICAL & DENTAL PREMIUM RATES

PLAN NAME:	EMPLOYEE ONLY	EMPLOYEE + CHILD	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD & SPOUSE
<b>CONUS MEDICAL</b>				
Aetna CPOS II & TC	\$86.15	\$166.27	\$199.01	\$263.62
Aetna HDHP	\$68.92	\$133.02	\$159.21	\$210.89
Kaiser California	\$67.89	\$135.78	\$149.36	\$192.13
Kaiser Hawaii	\$80.50	\$144.90	\$161.00	\$241.50
Kaiser Mid-Atlantic	\$73.55	\$141.96	\$169.91	\$225.08
HMSA Hawaii	\$83.05	\$149.53	\$166.24	\$249.24
<b>OCONUS MEDICAL</b>				
Aetna TC	\$79.18	\$152.82	\$182.92	\$242.30
Aetna HDHP	\$63.35	\$122.26	\$146.33	\$193.84
<b>DENTAL</b>				
Aetna UHP Dental (CONUS & OCONUS)	\$4.50	\$8.68	\$10.38	\$13.76
Aetna STAND ALONE DENTAL (CONUS & OCONUS)	\$15.54	\$34.97	\$31.08	\$50.51
Kaiser Hawaii (CONUS ONLY)	\$5.53	\$9.96	\$11.07	\$16.60
HMSA Hawaii (CONUS ONLY)	\$4.68	\$9.37	\$10.54	\$15.22

*Effective 01-01-20 true pricing implemented for medical premiums.*

*Aetna Stand Alone Dental cost is borne solely by participants.*

*There is no employer share. Not available to Retirees.*

## **2020 MONTHLY TEMPORARY CONTINUATION MEDICAL PREMIUM RATES**

PLAN NAME:	EMPLOYEE ONLY	EMPLOYEE + CHILD	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD & SPOUSE
<b>CONUS ACTIVE/ PRE 65 Retirees</b>				
Aetna CPOS II/TC	\$634.63	\$1,224.86	\$1,466.02	\$1,942.00
Aetna HDHP	\$507.71	\$979.88	\$1,172.82	\$1,553.59
Kaiser California	\$500.12	\$1,000.23	\$1,100.26	\$1,415.33
Kaiser Hawaii	\$593.02	\$1067.44	\$1186.05	\$1779.06
Kaiser Mid-Atlantic	\$541.85	\$1,045.78	\$1,251.67	\$1,658.06
HMSA Hawaii	\$611.78	\$1101.56	\$1224.63	\$1836.06
<b>OCONUS ACTIVE/ Post 65 Retirees</b>				
Aetna TC	\$583.30	\$1,125.80	\$1,347.45	\$1,784.93
Aetna HDHP	\$466.64	\$900.64	\$1,077.96	\$1,427.95

*Effective 01-01-20 true pricing implemented for medical premiums.*

*\*These rates apply to eligible employees and retirees who elect 18 month continuation and includes a 2 percent administrative fee.*

**NOTE:** *Dental coverage does not continue after termination of employment. The 18 month continuation provisions apply only to medical coverage.*

## **2020 MONTHLY MEDICAL & DENTAL PREMIUM RATES FOR RETIREES**

<b>PLAN NAME:</b>	<b>EMPLOYEE ONLY</b>	<b>EMPLOYEE + CHILD</b>	<b>EMPLOYEE + SPOUSE</b>	<b>EMPLOYEE + CHILD &amp; SPOUSE</b>
<b>PRE 65 MEDICAL</b>				
Aetna CPOS II	\$186.66	\$360.25	\$431.18	\$571.18
Aetna TC	\$186.66	\$360.25	\$431.18	\$571.18
Aetna HDHP	\$149.32	\$288.20	\$344.95	\$456.94
Kaiser California	\$147.09	\$294.19	\$323.61	\$416.27
Kaiser Hawaii	\$174.42	\$313.95	\$348.84	\$523.25
Kaiser Mid-Atlantic	\$159.37	\$307.58	\$368.14	\$487.66
HMSA Hawaii	\$179.93	\$323.99	\$360.19	\$540.02
<b>POST 65 MEDICAL</b>				
Aetna TC	\$171.56	\$331.11	\$396.31	\$524.98
Aetna HDHP	\$137.25	\$264.89	\$317.05	\$419.98
<b>DENTAL</b>				
Aetna UHP Dental (PRE 65 & POST 65) (CONUS & OCONUS)	\$9.73	\$18.79	\$22.49	\$29.79

***These rates apply to eligible retirees. Retiree split is the same percent as employee (70/30).***

*Effective 01-01-20 true pricing implemented for medical premiums.*

*Stand Alone Dental coverage is not eligible for continuation into retirement.*

## 2020 FULL MONTHLY MEDICAL & DENTAL PREMIUM RATES

PLAN NAME:	EMPLOYEE ONLY	EMPLOYEE + CHILD	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD & SPOUSE
<b>CONUS MEDICAL (&amp; Pre 65 ret)</b>				
Aetna CPOS II & TC **	\$622.19	\$1,200.84	\$1,437.27	\$1,903.92
Aetna HDHP **	\$497.75	\$960.67	\$1,149.82	\$1523.13
Kaiser California	\$490.31	\$980.62	\$1,078.69	\$1,387.58
Kaiser Hawaii	\$581.39	\$1046.51	\$1162.79	\$1744.18
Kaiser Mid-Atlantic	\$531.23	\$1,025.27	\$1,227.13	\$1,625.55
HMSA Hawaii	\$599.78	\$1079.96	\$1200.62	\$1800.06
<b>OCONUS MEDICAL (&amp; Post 65 ret)</b>				
Aetna TC	\$571.87	\$1,103.72	\$1,321.03	\$1,749.94
Aetna HDHP	\$457.49	\$882.98	\$1,056.82	\$1,399.95
<b>DENTAL</b>				
Aetna UHP Dental (CONUS & OCONUS) (ACTIVE & RETIREE)	\$32.45	\$62.63	\$74.97	\$99.31
Aetna STAND ALONE DENTAL (ACTIVE CONUS & OCONUS ONLY)	\$33.67	\$75.76	\$67.35	\$109.44
Kaiser Hawaii (ACTIVE CONUS ONLY)	\$39.97	\$71.95	\$79.94	\$119.91
HMSA Hawaii (ACTIVE CONUS ONLY)	\$33.82	\$67.64	\$76.10	\$109.92

*Effective 01-01-20 true pricing implemented for medical premiums.*

*Aetna Stand Alone Dental cost is borne solely by participants.*

*There is no employer share. Not available to Retirees.*

## 2020 TCC MEDICAL PREMIUM RATES

PLAN NAME:	EMPLOYEE ONLY	EMPLOYEE + CHILD	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD & SPOUSE
<b>Aetna U.S. Health Care POS II/ TC –Active CONUS/ PRE-65 Retirees</b>	\$622.19	\$1,200.84	\$1,437.27	\$1,903.92
<b>Aetna U.S. Health Care TC–Active OCONUS/ POST-65 Retirees</b>	\$583.30	\$1,125.80	\$1,342.45	\$1,784.93
<b>Aetna U.S. Health Care (<u>HDHP</u>)–Active CONUS/ PRE-65 Retirees</b>	\$507.71	\$979.88	\$1,172.82	\$1,553.59
<b>Aetna U.S. Health Care (<u>HDHP</u>)–Active OCONUS/ POST-65 Retirees</b>	\$466.64	\$900.64	\$1,077.96	\$1,427.95

## 2020 Kaiser Hawaii TCC PREMIUM RATES

DAY OF TERMINATION	EE	EE + CHILDREN	EE + SPOUSE	EE + CHILDREN & SPOUSE
1	\$581.39	\$1,046.51	\$1,162.79	\$1,744.18
2	\$562.64	\$1,012.75	\$1,125.28	\$1,687.92
3	\$543.88	\$978.99	\$1,087.77	\$1,631.65
4	\$525.13	\$945.23	\$1,050.26	\$1,575.39
5	\$506.37	\$911.48	\$1,012.75	\$1,519.12
6	\$487.62	\$877.72	\$975.24	\$1,462.86
7	\$468.86	\$843.96	\$937.73	\$1,406.60
8	\$450.11	\$810.20	\$900.22	\$1,350.33
9	\$431.35	\$776.44	\$862.72	\$1,294.07
10	\$412.60	\$742.68	\$825.21	\$1,237.81
11	\$393.84	\$708.93	\$787.70	\$1,181.54
12	\$375.09	\$675.17	\$750.19	\$1,125.28
13	\$356.34	\$641.41	\$712.68	\$1,069.01
14	\$337.58	\$607.65	\$675.17	\$1,012.75
15	\$318.83	\$573.89	\$637.66	\$956.46
16	\$300.07	\$540.13	\$600.15	\$900.22
17	\$281.32	\$506.38	\$562.64	\$843.96
18	\$262.56	\$472.62	\$525.13	\$787.69
19	\$243.81	\$438.86	\$487.62	\$731.43
20	\$225.05	\$405.10	\$450.11	\$675.17
21	\$206.30	\$371.34	\$412.60	\$618.90
22	\$187.55	\$337.58	\$375.09	\$562.64
23	\$168.79	\$303.83	\$337.58	\$506.37
24	\$150.04	\$270.07	\$300.07	\$450.11
25	\$131.28	\$236.31	\$262.57	\$393.85
26	\$112.53	\$202.55	\$225.06	\$337.58
27	\$93.77	\$168.79	\$187.55	\$281.32
28	\$75.02	\$135.03	\$150.04	\$225.06
29	\$56.26	\$101.28	\$112.53	\$168.79
30	\$37.51	\$67.52	\$75.02	\$112.53
31	\$18.75	\$33.76	\$37.51	\$56.26

## 2020 Kaiser California TCC PREMIUM RATES

DAY OF TERMINATION	EE	EE + CHILDREN	EE + SPOUSE	EE + CHILDREN & SPOUSE
1	\$490.31	\$980.62	\$1,078.69	\$1,387.58
2	\$474.49	\$948.99	\$1,043.89	\$1,342.82
3	\$458.68	\$917.35	\$1,009.10	\$1,298.06
4	\$442.86	\$885.72	\$974.30	\$1,253.30
5	\$427.04	\$854.09	\$939.50	\$1,208.54
6	\$411.23	\$822.46	\$904.72	\$1,163.78
7	\$395.41	\$790.82	\$869.91	\$1,119.02
8	\$379.59	\$759.19	\$835.11	\$1,075.26
9	\$363.78	\$727.56	\$800.32	\$1,029.49
10	\$347.96	\$695.92	\$765.52	\$984.73
11	\$332.15	\$664.29	\$730.73	\$939.97
12	\$316.33	\$632.66	\$695.93	\$895.21
13	\$300.51	\$601.03	\$661.13	\$850.45
14	\$284.70	\$569.39	\$626.34	\$805.69
15	\$268.88	\$537.76	\$591.54	\$760.93
16	\$253.06	\$506.13	\$556.74	\$716.17
17	\$237.25	\$474.49	\$521.95	\$671.41
18	\$221.43	\$442.86	\$487.15	\$626.65
19	\$205.61	\$411.23	\$452.35	\$581.89
20	\$189.80	\$379.59	\$417.56	\$537.13
21	\$173.98	\$347.96	\$382.76	\$492.37
22	\$158.16	\$316.33	\$347.96	\$447.61
23	\$142.35	\$284.70	\$313.17	\$402.85
24	\$126.53	\$253.06	\$278.37	\$359.09
25	\$110.72	\$221.43	\$243.58	\$313.32
26	\$94.90	\$189.80	\$208.78	\$268.56
27	\$79.08	\$158.16	\$173.98	\$223.80
28	\$63.27	\$126.53	\$139.19	\$179.04
29	\$47.45	\$94.90	\$104.39	\$134.28
30	\$31.63	\$63.27	\$69.59	\$89.52
31	\$15.82	\$31.63	\$34.80	\$44.76

## **2020 Kaiser Mid-Atlantic TCC PREMIUM RATES**

<b>DAY OF TERMINATION</b>	<b>EE</b>	<b>EE + CHILDREN</b>	<b>EE + SPOUSE</b>	<b>EE + CHILDREN &amp; SPOUSE</b>
1	\$531.23	\$1,025.27	\$1,227.13	\$1,625.55
2	\$514.09	\$992.20	\$1,187.55	\$1,573.11
3	\$496.96	\$959.12	\$1,147.96	\$1,520.68
4	\$4793.82	\$926.05	\$1,108.38	\$1,468.24
5	\$462.68	\$892.98	\$1,068.79	\$1,415.80
6	\$445.55	\$859.90	\$1,029.21	\$1,363.36
7	\$482.41	\$826.83	\$989.62	\$1,310.93
8	\$411.27	\$793.76	\$950.04	\$1,258.49
9	\$394.14	\$760.68	\$910.45	\$1,206.05
10	\$377.00	\$727.61	\$870.87	\$1,153.62
11	\$359.87	\$694.54	\$831.28	\$1,101.18
12	\$342.73	\$661.46	\$791.70	\$1,048.74
13	\$325.59	\$628.39	\$752.11	\$996.30
14	\$308.46	\$595.32	\$712.53	\$943.87
15	\$291.32	\$562.24	\$672.94	\$891.43
16	\$274.18	\$529.17	\$633.36	\$838.99
17	\$275.05	\$496.41	\$593.77	\$786.56
18	\$239.91	\$463.06	\$554.19	\$734.12
19	\$222.77	\$429.95	\$514.60	\$681.68
20	\$205.64	\$396.88	\$475.02	\$629.25
21	\$188.50	\$363.81	\$435.43	\$576.81
22	\$171.36	\$330.73	\$395.85	\$424.37
23	\$154.23	\$297.66	\$356.26	\$471.93
24	\$137.09	\$264.59	\$316.68	\$419.50
25	\$119.96	\$231.51	\$277.09	\$367.06
26	\$102.82	\$198.44	\$237.51	\$314.62
27	\$85.68	\$165.37	\$197.92	\$262.19
28	\$68.55	\$132.29	\$158.34	\$209.75
29	\$51.41	\$99.22	\$118.75	\$157.31
30	\$34.27	\$66.15	\$79.17	\$104.87
31	\$17.14	\$33.07	\$39.58	\$52.44

## 2020 HMSA PREMIUM RATES

DAY OF TERMINATION	EE	EE + CHILDREN	EE + SPOUSE	EE + CHILDREN & SPOUSE
1	\$599.78	\$1,079.96	\$1,200.62	\$1,800.06
2	\$580.43	\$1,045.12	\$1,161.89	\$1,741.99
3	\$561.08	\$1,010.29	\$1,123.16	\$1,683.93
4	\$541.74	\$975.45	\$1,084.43	\$1,625.86
5	\$522.39	\$940.61	\$1,045.70	\$1,567.79
6	\$503.04	\$905.77	\$1,006.97	\$1,509.73
7	\$483.69	\$870.94	\$968.247	\$1,451.66
8	\$464.35	\$836.10	\$929.51	\$1,393.59
9	\$445.00	\$801.26	\$890.78	\$1,335.53
10	\$425.65	\$766.42	\$852.05	\$1,279.46
11	\$406.30	\$731.59	\$813.32	\$1,219.40
12	\$386.95	\$696.75	\$774.59	\$1,161.33
13	\$367.61	\$661.91	\$735.86	\$1,103.26
14	\$348.26	\$627.07	\$697.13	\$1,045.20
15	\$328.91	\$592.24	\$658.40	\$987.13
16	\$309.56	\$557.40	\$619.67	\$929.06
17	\$290.22	\$522.56	\$580.95	\$871.00
18	\$270.87	\$487.72	\$542.22	\$812.93
19	\$251.52	\$452.89	\$503.49	\$754.86
20	\$232.147	\$418.05	\$464.76	\$696.80
21	\$212.83	\$383.21	\$426.03	638.73
22	\$193.48	\$348.37	\$387.30	\$580.66
23	\$174.13	\$313.54	\$348.57	\$522.60
24	\$154.78	\$278.70	\$309.84	\$464.53
25	\$135.43	\$243.86	\$271.11	\$406.47
26	\$116.09	\$209.02	\$232.38	\$348.40
27	\$96.74	\$174.19	\$193.65	\$290.33
28	\$77.39	\$139.35	\$154.9.2	\$232.27
29	\$58.04	\$104.51	\$116.19	\$174.20
30	\$38.70	\$69.67	\$77.46	\$116.13
31	\$19.35	\$34.84	\$38.73	\$58.07