

Policy Type	2018 Rates	Updated 2019 rates	2019 Annual Premium	2019 Hardcap	Difference	2019 Payroll deduction over 26 pays	2019 H.S.A. Funding	H.S.A./Net Deductible/Employee Cost Not including applicable co-insurance	2018 payroll deduction over 26 pays	2018 H.S.A. Funding
PH HMO 1350/2700 Single	\$504.86	\$525.03	\$6,300.36	\$6,685.17	-\$384.81	0	\$384.81	\$965.19	0	\$502.20
PH HMO 1350/2700 Two Person	\$1,134.07	\$1,179.37	\$14,152.44	\$13,980.75	\$171.69	\$6.61	\$0.00	no H.S.A. Funding	0	\$111.23
PH HMO 1350/2700 Family	\$1,410.89	\$1,467.25	\$17,607.00	\$18,232.31	-\$625.31	0	\$625.31	\$2,074.69	0	\$961.68
PH POS 1350/2700 Single	\$526.40	\$543.86	\$6,526.32	\$6,685.17	-\$158.85	0			0	
PH POS 1350/2700 Two Person	\$1,182.45	\$1,221.67	\$14,660.04	\$13,980.75	\$679.29	\$26.13			\$18.05	
PH POS 1350/2700 Family	\$1,471.08	\$1,519.88	\$18,238.56	\$18,232.31	\$6.25	one deduction of \$6.25			0	
PH PPO 1350/2700 Single	\$546.57	\$554.07	\$6,648.84	\$6,685.17	-\$36.33	0			0	
PH PPO 1350/2700 Two Person	\$1,227.76	\$1,244.61	\$14,935.32	\$13,980.75	\$954.57	\$36.72			\$38.96	
PH PPO 1350/2700 Family	\$1,527.44	\$1,548.41	\$18,580.92	\$18,232.31	\$348.61	\$13.41			\$16.80	
PH HMO 2k/4k Single	\$449.64	\$465.36	\$5,584.32	\$6,685.17	-\$1,100.85	0	\$1,100.85	\$899.15	0	\$1,164.84
PH HMO 2k/4k Two Person	\$1,010.02	\$1,045.34	\$12,544.08	\$13,980.75	-\$1,436.67	0	\$1,436.67	\$2,563.33	0	\$1,599.83
PH HMO 2k/4k Family	\$1,256.56	\$1,300.50	\$15,606.00	\$18,232.31	-\$2,626.31	0	\$2,626.31	\$1,373.69	0	\$2,813.64
PH POS 2k/4k Single	\$471.28	\$484.86	\$5,818.32	\$6,685.17	-\$866.85	0			0	
PH POS 2k/4k Two Person	\$1,058.64	\$1,089.14	\$13,069.68	\$13,980.75	-\$911.07	0			0	
PH POS 2k/4k Family	\$1,317.04	\$1,354.99	\$16,259.88	\$18,232.31	-\$1,972.43	0			0	
PH PPO 2k/4k Single	\$489.77	\$494.39	\$5,932.68	\$6,685.17	-\$752.49	0			0	
PH PPO 2k/4k Two Person	\$1,100.17	\$1,110.55	\$13,326.60	\$13,980.75	-\$654.15	0			0	
PH PPO 2k/4k Family	\$1,368.71	\$1,381.63	\$16,579.56	\$18,232.31	-\$1,652.75	\$0.00			0	
PH HMO 3k/6k Single	\$0.00	\$405.01	4860.12	6685.17	-1825.05	\$0.00	\$1,825.05	\$1,174.95		
PH HMO 3k/6k Two Person	\$0.00	\$909.77	10917.24	13980.75	-3063.51	\$0.00	\$3,063.51	\$2,936.49		
PH HMO 3k/6k Family	\$0.00	\$1,131.85	13582.2	18232.31	-4650.11	\$0.00	\$4,650.11	\$1,349.89		
Total Health Care Basic \$250/\$100 Single	\$562.09	\$628.32	\$7,539.84	\$6,685.17	\$854.67	\$32.87			\$7.10	
Total Health Care Basic \$250/\$100 Two Person	\$1,171.12	\$1,309.12	\$15,709.44	\$13,980.75	\$1,728.69	\$66.49			\$12.82	
Total Health Care Basic \$250/\$100 Family	\$1,489.92	\$1,665.37	\$19,984.44	\$18,232.31	\$1,752.13	\$67.39			0	
Total Health Care M.E.C. Single	\$378.10	\$447.01	\$5,364.12	\$6,685.17	-\$1,321.05	\$0.00				
Total Health Care M.E.C. Two Person	\$787.78	\$931.36	\$11,176.32	\$13,980.75	-\$2,804.43	\$0.00				
Total Health Care M.E.C. Family	\$1,002.16	\$1,184.82	\$14,217.84	\$18,232.31	-\$4,014.47	\$0.00				

BCN HMO Single 1350/2700	n/a	\$459.05	\$5,508.60	\$6,685.17	-\$1,176.57	\$0.00	\$1,176.57	\$173.43
BCN HMO Two Person 1350/2700	n/a	\$1,101.73	\$13,220.76	\$13,980.75	-\$759.99	\$0.00	\$759.99	\$1,940.01
BCN HMO Family 1350/2700	n/a	\$1,377.16	\$16,525.92	\$18,232.31	-\$1,706.39	\$0.00	\$1,706.39	\$993.61
BCN HMO Single 2000/4000	n/a	\$417.41	\$5,008.92	\$6,685.17	-\$1,676.25	\$0.00	\$1,676.25	\$323.75
BCN HMO Two Person 2000/4000	n/a	\$1,001.78	\$12,021.36	\$13,980.75	-\$1,959.39	\$0.00	\$1,959.39	\$2,040.61
BCN HMO Family 2000/4000	n/a	\$1,252.23	\$15,026.76	\$18,232.31	-\$3,205.55	\$0.00	\$3,205.55	\$794.45
BCN HMO Single 3000/6350	n/a	\$384.47	4613.64	\$6,685.17	-\$2,071.53	\$0.00	\$2,071.53	\$928.47
BCN HMO Two Person 3000/6350	n/a	\$922.72	11072.64	\$13,980.75	-\$2,908.11	\$0.00	\$2,908.11	\$3,441.89
BCN HMO Family 3000/6350	n/a	\$1,153.40	13840.8	\$18,232.31	-\$4,391.51	\$0.00	\$4,391.51	\$1,958.49
BCBS PPO Single 1350/2700	n/a	\$532.62	\$6,391.44	\$6,685.17	-\$293.73	\$0.00	\$293.73	\$1,056.27
BCBS PPO Two Person 1350/2700	n/a	\$1,278.29	\$15,339.48	\$13,980.75	\$1,358.73	\$52.26	\$0.00 no H.S.A. Funding	
BCBS PPO Family 1350/2700	n/a	\$1,597.86	\$19,174.32	\$18,232.31	\$942.01	\$36.24	\$0.00 no H.S.A. Funding	
BCBS PPO Single 2000/4000	n/a	\$484.30	\$5,811.60	\$6,685.17	-\$873.57	\$0.00	\$873.57	\$1,126.43
BCBS PPO Two Person 2000/4000	n/a	\$1,162.33	\$13,947.96	\$13,980.75	-\$32.79	\$0.00	\$32.79	\$3,967.21
BCBS PPO Family 2000/4000	n/a	\$1,452.91	\$17,434.92	\$18,232.31	-\$797.39	\$0.00	\$797.39	\$3,202.61
MESSA ABC Plan 1 1350/2700 0% copay Single	n/a	\$583.65	\$7,003.80	\$6,685.17	\$318.63	\$12.26	\$0.00	\$1,668.63
MESSA ABC Plan 1 1350/2700 0% copay Two Person	n/a	\$1,311.33	\$15,735.96	\$13,980.75	\$1,755.21	\$67.51	\$0.00	\$4,455.21
MESSA ABC Plan 1 1350/2700 0% copay Family	n/a	\$1,631.51	\$19,578.12	\$18,232.31	\$1,345.81	\$51.76	\$0.00	\$4,045.81
MESSA ABC Plan 2 2000/4000 0% copay Single	n/a	\$546.32	\$6,555.84	\$6,685.17	-129.33	\$0.00	\$129.33	\$1,870.67
MESSA ABC Plan 2 2000/4000 0% copay Two Person	n/a	\$1,227.33	\$14,727.96	\$13,980.75	747.21	\$28.74	\$0.00	\$4,747.21
MESSA ABC Plan 2 2000/4000 0% copay Family	n/a	\$1,526.99	\$18,323.88	\$18,232.31	91.57	\$3.52	\$0.00	\$4,091.57
MESSA ABC Plan 1 1350/2700 10% copay Single	n/a	\$519.51	\$6,234.12	\$6,685.17	-451.05	\$0.00	\$451.05	\$898.95
MESSA ABC Plan 1 1350/2700 10% copay Two Person	n/a	\$1,167.01	\$14,004.12	\$13,980.75	23.37	one deduction of 23.37	\$0.00	\$4,023.37
MESSA ABC Plan 1 1350/2700 10% copay Family	n/a	\$1,451.92	\$17,423.04	\$18,232.31	-809.27	\$0.00	\$809.27	\$3,190.73
Messa ABC Plan 3 3500/7000 20% copay Single	n/a	\$466.05	\$5,592.60	\$6,685.17	-1092.57	\$0.00	\$1,092.57	\$2,407.43
Messa ABC Plan 3 3500/7000 20% copay Two Person	n/a	\$1,046.74	\$12,560.88	\$13,980.75	-1419.87	\$0.00	\$1,419.87	\$5,580.13
Messa ABC Plan 3 3500/7000 20% copay Family	n/a	\$1,302.25	\$15,627.00	\$18,232.31	-2605.31	\$0.00	\$2,605.31	\$4,394.69
MESSA Essentials Plan 350/750 20% copay Single	n/a	\$439.22	\$5,270.64	\$6,685.17	-1414.53	not an HDHP	\$0.00	
MESSA Essentials Plan 350/750 20% copay Two Person	n/a	\$986.38	\$11,836.56	\$13,980.75	-2144.19	not an HDHP	\$0.00	
MESSA Essentials Plan 350/750 20% copay Family	n/a	\$1,227.13	\$14,725.56	\$18,232.31	-3506.75	not an HDHP	\$0.00	