

**ANTHEM BLUE CROSS BLUE SHIELD  
OCTOBER 1, 2019 (PAYROLL DEDUCTION BEGINS IN SEPTEMBER)  
PREMIUMS**

<u>TYPE OF COVERAGE</u>	<u>MONTHLY PREMIUM</u>	<u>COUNTY SHARE</u>	<u>EMPLOYEE COST</u>	
			<u>MONTHLY</u>	<u>SEMI. MO.</u>
<b>KeyCare 500</b>				
<u>\$500 Deductible</u>				
Employee Only	711.61	635.75	75.86	37.93
Employee and One Child	1100.87	627.21	473.66	236.83
Employee and Spouse	1592.95	616.37	976.58	488.29
Employee and Family	2165.80	603.82	1,561.98	780.99
Medicare Carve Out	729.11		-	
<b>KeyCare 30</b>				
<u>\$30 Copay/\$1000 Deductible</u>				
Employee Only	659.11	642.61	16.50	8.25
Employee and One Child	1020.63	663.03	357.60	178.80
Employee and Spouse	1477.59	668.01	809.58	404.79
Employee and Family	2009.65	673.79	1,335.86	667.93
Medicare Carve Out	676.61		-	
<b>Lumenos HSA 408</b>				
<u>\$3,000/100%</u>				
Employee Only	589.85	576.09	13.76	6.88
Employee and One Child	914.11	584.09	330.02	165.01
Employee and Spouse	1324.01	553.95	770.06	385.03
Employee and Family	1801.19	536.07	1,265.12	632.56
Medicare Carve Out	N/A		N/A	

The County pays up to \$673.79 per month for employees depending on plan type chosen.

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The Board of Supervisors agreed to continue the 3% (\$17.50/month) from the Employee Health Fund. They also agreed to continue the employer contribution of \$500 per covered employee participating in the Lumenos Health Savings Account.