# PLAN YEAR 2019 (July 1, 2018 - June 30, 2019) PREMIUMS

## Active Employees of State Agencies, County Boards of Education Colleges and Universities

| PPB Plan A | | | | | |
|---|---|---|---|---|---|
| **Employee Only** | **Salary Range*** | **Employer** | **RHBT** | **Employee** | **Total** |
| **Discounts:** | $ - - $ 22,700 | $ 293 | $ 183 | $ 64 | **$ 540** |
| **Subtract $25.00 if TBF Yes** | $ 22,701 - $ 32,700 | $ 293 | $ 183 | $ 81 | **$ 557** |
| | $ 32,701 - $ 38,700 | $ 293 | $ 183 | $ 88 | **$ 564** |
| | $ 38,701 - $ 44,700 | $ 293 | $ 183 | $ 94 | **$ 570** |
| | $ 44,701 - $ 52,700 | $ 293 | $ 183 | $ 109 | **$ 585** |
| | $ 52,701 - $ 65,200 | $ 293 | $ 183 | $ 132 | **$ 608** |
| | $ 65,201 - $ 77,700 | $ 293 | $ 183 | $ 146 | **$ 622** |
| | $ 77,701 - $ 102,700 | $ 293 | $ 183 | $ 176 | **$ 652** |
| | $ 102,701 - $ 127,700 | $ 293 | $ 183 | $ 219 | **$ 695** |
| | $ 127,701 + | $ 293 | $ 183 | $ 249 | **$ 725** |
| **Employee and Child(ren)** | | | | | |
| **Discounts:** | $ - - $ 22,700 | $ 411 | $ 183 | $ 127 | **$ 721** |
| **Subtract $50.00 if TBF Yes** | $ 22,701 - $ 32,700 | $ 411 | $ 183 | $ 151 | **$ 745** |
| | $ 32,701 - $ 38,700 | $ 411 | $ 183 | $ 160 | **$ 754** |
| | $ 38,701 - $ 44,700 | $ 411 | $ 183 | $ 174 | **$ 768** |
| | $ 44,701 - $ 52,700 | $ 411 | $ 183 | $ 208 | **$ 802** |
| | $ 52,701 - $ 65,200 | $ 411 | $ 183 | $ 250 | **$ 844** |
| | $ 65,201 - $ 77,700 | $ 411 | $ 183 | $ 283 | **$ 877** |
| | $ 77,701 - $ 102,700 | $ 411 | $ 183 | $ 346 | **$ 940** |
| | $ 102,701 - $ 127,700 | $ 411 | $ 183 | $ 410 | **$ 1,004** |
| | $ 127,701 + | $ 411 | $ 183 | $ 467 | **$ 1,061** |
| **Family** | | | | | |
| **Discounts:** | $ - - $ 22,700 | $ 788 | $ 183 | $ 185 | **$ 1,156** |
| **Subtract $50.00 if TBF Yes** | $ 22,701 - $ 32,700 | $ 788 | $ 183 | $ 234 | **$ 1,205** |
| | $ 32,701 - $ 38,700 | $ 788 | $ 183 | $ 261 | **$ 1,232** |
| | $ 38,701 - $ 44,700 | $ 788 | $ 183 | $ 291 | **$ 1,262** |
| | $ 44,701 - $ 52,700 | $ 788 | $ 183 | $ 341 | **$ 1,312** |
| | $ 52,701 - $ 65,200 | $ 788 | $ 183 | $ 409 | **$ 1,380** |
| | $ 65,201 - $ 77,700 | $ 788 | $ 183 | $ 442 | **$ 1,413** |
| | $ 77,701 - $ 102,700 | $ 788 | $ 183 | $ 528 | **$ 1,499** |
| | $ 102,701 - $ 127,700 | $ 788 | $ 183 | $ 646 | **$ 1,617** |
| | $ 127,701 + | $ 788 | $ 183 | $ 747 | **$ 1,718** |

* $2,700 Salary Range effective 8/1/18 due to effective date of salary change in BAS

# PLAN YEAR 2019 (July 1, 2018 - June 30, 2019) PREMIUMS
## Active Employees of State Agencies, County Boards of Education Colleges and Universities

| PPB Plan A | | | | | |
|---|---|---|---|---|---|
| **Family with Employee Spouse** | **Salary Range*** | **Employer** | **RHBT** | **Employee** | **Total** |
| **Discounts:**<br>**Subtract $50.00 if TBF Yes** | $ - - $ 22,700 | $ 788 | $ 183 | $ 148 | **$ 1,119** |
| | $ 22,701 - $ 32,700 | $ 788 | $ 183 | $ 186 | **$ 1,157** |
| | $ 32,701 - $ 38,700 | $ 788 | $ 183 | $ 209 | **$ 1,180** |
| | $ 38,701 - $ 44,700 | $ 788 | $ 183 | $ 228 | **$ 1,199** |
| | $ 44,701 - $ 52,700 | $ 788 | $ 183 | $ 270 | **$ 1,241** |
| | $ 52,701 - $ 65,200 | $ 788 | $ 183 | $ 325 | **$ 1,296** |
| | $ 65,201 - $ 77,700 | $ 788 | $ 183 | $ 365 | **$ 1,336** |
| | $ 77,701 - $ 102,700 | $ 788 | $ 183 | $ 460 | **$ 1,431** |
| | $ 102,701 - $ 127,700 | $ 788 | $ 183 | $ 579 | **$ 1,550** |
| | $ 127,701 + | $ 788 | $ 183 | $ 668 | **$ 1,639** |

* $2,700 Salary Range effective 8/1/18 due to effective date of salary change in BAS

# PLAN YEAR 2019 (July 1, 2018 - June 30, 2019) PREMIUMS

## Active Employees of State Agencies, County Boards of Education Colleges and Universities

| PPB Plan B | | | | | |
|---|---|---|---|---|---|
| **Employee Only** | **Salary Range*** | **Employer** | **RHBT** | **Employee** | **Total** |
| **Discounts:** | $ - - $ 22,700 | $ 138 | $ 183 | $ 44 | **$ 365** |
| **Subtract $25.00 if TBF Yes** | $ 22,701 - $ 32,700 | $ 138 | $ 183 | $ 50 | **$ 371** |
| | $ 32,701 - $ 38,700 | $ 138 | $ 183 | $ 53 | **$ 374** |
| | $ 38,701 - $ 44,700 | $ 138 | $ 183 | $ 55 | **$ 376** |
| | $ 44,701 - $ 52,700 | $ 138 | $ 183 | $ 61 | **$ 382** |
| | $ 52,701 - $ 65,200 | $ 138 | $ 183 | $ 71 | **$ 392** |
| | $ 65,201 - $ 77,700 | $ 138 | $ 183 | $ 78 | **$ 399** |
| | $ 77,701 - $ 102,700 | $ 138 | $ 183 | $ 90 | **$ 411** |
| | $ 102,701 - $ 127,700 | $ 138 | $ 183 | $ 127 | **$ 448** |
| | $ 127,701 + | $ 138 | $ 183 | $ 150 | **$ 471** |
| **Employee and Child(ren)** | | | | | |
| **Discounts:** | $ - - $ 22,700 | $ 221 | $ 183 | $ 74 | **$ 478** |
| **Subtract $50.00 if TBF Yes** | $ 22,701 - $ 32,700 | $ 221 | $ 183 | $ 83 | **$ 487** |
| | $ 32,701 - $ 38,700 | $ 221 | $ 183 | $ 87 | **$ 491** |
| | $ 38,701 - $ 44,700 | $ 221 | $ 183 | $ 91 | **$ 495** |
| | $ 44,701 - $ 52,700 | $ 221 | $ 183 | $ 113 | **$ 517** |
| | $ 52,701 - $ 65,200 | $ 221 | $ 183 | $ 146 | **$ 550** |
| | $ 65,201 - $ 77,700 | $ 221 | $ 183 | $ 166 | **$ 570** |
| | $ 77,701 - $ 102,700 | $ 221 | $ 183 | $ 208 | **$ 612** |
| | $ 102,701 - $ 127,700 | $ 221 | $ 183 | $ 262 | **$ 666** |
| | $ 127,701 + | $ 221 | $ 183 | $ 302 | **$ 706** |
| **Family** | | | | | |
| **Discounts:** | $ - - $ 22,700 | $ 473 | $ 183 | $ 118 | **$ 774** |
| **Subtract $50.00 if TBF Yes** | $ 22,701 - $ 32,700 | $ 473 | $ 183 | $ 145 | **$ 801** |
| | $ 32,701 - $ 38,700 | $ 473 | $ 183 | $ 159 | **$ 815** |
| | $ 38,701 - $ 44,700 | $ 473 | $ 183 | $ 175 | **$ 831** |
| | $ 44,701 - $ 52,700 | $ 473 | $ 183 | $ 207 | **$ 863** |
| | $ 52,701 - $ 65,200 | $ 473 | $ 183 | $ 251 | **$ 907** |
| | $ 65,201 - $ 77,700 | $ 473 | $ 183 | $ 275 | **$ 931** |
| | $ 77,701 - $ 102,700 | $ 473 | $ 183 | $ 343 | **$ 999** |
| | $ 102,701 - $ 127,700 | $ 473 | $ 183 | $ 431 | **$ 1,087** |
| | $ 127,701 + | $ 473 | $ 183 | $ 499 | **$ 1,155** |

* $2,700 Salary Range effective 8/1/18 due to effective date of salary change in BAS

## PLAN YEAR 2019 (July 1, 2018 - June 30, 2019) PREMIUMS
## Active Employees of State Agencies, County Boards of Education Colleges and Universities

| PPB Plan B | | | | | |
|---|---|---|---|---|---|
| **Family with Employee Spouse** | **Salary Range*** | **Employer** | **RHBT** | **Employee** | **Total** |
| **Discounts:** **Subtract $50.00 if TBF Yes** | $ - - $ 22,700 | $ 473 | $ 183 | $ 91 | **$ 747** |
| | $ 22,701 - $ 32,700 | $ 473 | $ 183 | $ 108 | **$ 764** |
| | $ 32,701 - $ 38,700 | $ 473 | $ 183 | $ 123 | **$ 779** |
| | $ 38,701 - $ 44,700 | $ 473 | $ 183 | $ 133 | **$ 789** |
| | $ 44,701 - $ 52,700 | $ 473 | $ 183 | $ 155 | **$ 811** |
| | $ 52,701 - $ 65,200 | $ 473 | $ 183 | $ 189 | **$ 845** |
| | $ 65,201 - $ 77,700 | $ 473 | $ 183 | $ 219 | **$ 875** |
| | $ 77,701 - $ 102,700 | $ 473 | $ 183 | $ 295 | **$ 951** |
| | $ 102,701 - $ 127,700 | $ 473 | $ 183 | $ 383 | **$ 1,039** |
| | $ 127,701 + | $ 473 | $ 183 | $ 451 | **$ 1,107** |

* $2,700 Salary Range effective 8/1/18 due to effective date of salary change in BAS

## What You Pay with the PEIA PPB Plans A, B & D

### Medical Deductible

During any plan year, if you or your eligible dependents incur expenses for covered medical services (other than office visits), you must meet a deductible before the plan begins to pay.

Medical deductibles are determined based on your salary, tier of coverage (i.e., individual or family), and whether you get your services within the PEIA network, or, if out-of-state beyond the bordering counties, whether you have prior approval from HealthSmart.

The family deductible is shared among the family members. No one member of the family will pay more than the individual deductible (see Employee Only in the chart). Once one person has met the individual deductible, the plan will begin paying on that person. When another member of the family meets the balance of the family deductible, then the plan will begin paying on the entire family. Alternatively, all members of the family may contribute to the family deductible with no one person meeting the individual deductible; once the family deductible is met, the plan pays on all members of the family.

The deductibles are listed on the following chart according to income level and coverage tier. Deductibles for Family with Employee Spouse coverage are based on the average of the two employees' salaries. This provision does not apply to local government agency employees or retired employees.

**Annual Deductibles**

| | Annual Salary | Employee Only | Employee & Child(ren) | Family | Family with Employee Spouse* |
|---|---|---|---|---|---|
| PEIA PPB Plan A & D (state agencies, colleges, universities and county boards of education) | $0 - $22,700 | $325 | $650 | $650 | $650 |
| | $22,701 - $32,700 | $375 | $750 | $750 | $750 |
| | $32,701 - $38,700 | $425 | $850 | $850 | $850 |
| | $38,701 - $44,700 | $450 | $900 | $900 | $900 |
| | $44,701 - $52,700 | $475 | $950 | $950 | $950 |
| | $52,701 - $65,200 | $600 | $1,200 | $1,200 | $1,200 |
| | $65,201 - $77,700 | $625 | $1,250 | $1,250 | $1,250 |
| | $77,701 - $102,700 | $650 | $1,300 | $1,300 | $1,300 |
| | $102,701 - $127,700 | $725 | $1,450 | $1,450 | $1,450 |
| | $127,701 + | $825 | $1,650 | $1,650 | $1,650 |
| PEIA PPB Plan B (state agencies, colleges, universities and county boards of education) | $0 - $44,700 | $725 | $1,450 | $1,450 | $1,450 |
| | $44,701 + | $1,225 | $1,950* | $1,950* | $1,950* |
| Non-State Plan A | Not Applicable | $450 | $900 | $900 | N/A |
| Non-State Plan B | Not Applicable | $725 | $1,450 | $1,450 | N/A |
| Non-Medicare Retirees Plan A | Not Applicable | $525 | N/A | $1,050 | N/A |
| Non-Medicare Retirees Plan B | Not Applicable | $925 | N/A | $1,850 | N/A |
| Deputy Sheriff's Early Retirement Plan A | Not Applicable | $450 | N/A | $900 | N/A |
| Deputy Sheriff's Early Retirement Plan B | Not Applicable | $725 | N/A | $1,450 | N/A |
| State-funded Elected Officials Plans A and D | Not Applicable | $450 | $900 | $900 | $900 |
| State-funded Elected Officials Plan B | Not Applicable | $725 | $1,450 | $1,450 | $1,450 |

*One family member may have to meet the 'employee only' deductible, which is $1,225. See Medical Deductible beginning above the chart.

# PLAN YEAR 2019 (July 1, 2018 - June 30, 2019) Premiums
## Non-Medicare Retired Employees and Surviving Dependents

| | Health Plan A | | Health Plan B | | Health Plan C | |
|---|---|---|---|---|---|---|
| | Policyholder Only | Policyholder and Dependent(s) | Policyholder Only | Policyholder and Dependent(s) | Policyholder Only | Policyholder and Dependent(s) |
| Unsubsidized Premium | $ 1,223 | $ 2,314 | $ 922 | $ 1,722 | $ 978 | $ 1,808 |
| 5 to 9 years of service | $ 881 | $ 1,667 | $ 665 | $ 1,244 | $ 706 | $ 1,306 |
| 10 to 14 years of service | $ 769 | $ 1,456 | $ 582 | $ 1,088 | $ 617 | $ 1,142 |
| 15 to 19 years of service | $ 645 | $ 1,222 | $ 489 | $ 915 | $ 518 | $ 960 |
| 20 to 24 years of service | $ 542 | $ 1,027 | $ 412 | $ 771 | $ 436 | $ 808 |
| of service or retired prior to 7/1/97 or any surviving dependent | $ 445 | $ 844 | $ 340 | $ 636 | $ 359 | $ 665 |

| | PEIA PPB PLAN A | | | PEIA PPB PLAN B | |
|---|---|---|---|---|---|
| | Policyholder Only | Policyholder with Non-Medicare Dependent(s) | Policyholder with Medicare Dependent(s) * | Policyholder Only | Policyholder with Non-Medicare Dependent(s) |
| Unsubsidized Premium | $ 1,160 | $ 2,760 | $ 1,934 | $ 1,064 | $ 2,531 |
| 5 to 9 years of service | $ 929 | $ 2,209 | $ 1,548 | $ 853 | $ 2,027 |
| 10 to 14 years of service | $ 716 | $ 1,665 | $ 1,153 | $ 658 | $ 1,527 |
| 15 to 19 years of service | $ 501 | $ 1,124 | $ 760 | $ 461 | $ 1,032 |
| 20 to 24 years of service | $ 375 | $ 799 | $ 526 | $ 345 | $ 734 |
| 25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree | $ 291 | $ 582 | $ 367 | $ 267 | $ 534 |

**Discounts:**
**Subtract $25.00 if TBF Yes (Employee Only)**
**Subtract $50.00 if TBF Yes (All Others)**

## PLAN YEAR 2019 (July 1, 2018 - June 30, 2019) Premiums
## Non-Medicare Retired Employees and Surviving Dependents

***This rate assumes one person on Medicare. If you have more than one, subtract $22 for each additional Medicare member.**

# PLAN YEAR 2019 (January 1, 2019 - December 31, 2019) PREMIUMS
## Medicare Retired Employees and Surviving Dependents

| PEIA Humana PLAN 1 | | | |
|---|---|---|---|
| | Medicare Retired Policyholder | Medicare Retired Policyholder with Non-Medicare Dependent(s)^ | Medicare Retired Policyholder with Medicare Dependent(s)^^ |
| Unsubsidized Premium | $ 473 | $ 1,583 | $ 974 |
| 5 to 9 years of service | $ 431 | $ 1,440 | $ 886 |
| 10 to 14 years of service | $ 317 | $ 1,083 | $ 640 |
| 15 to 19 years of service | $ 204 | $ 727 | $ 395 |
| 20 to 24 years of service | $ 136 | $ 512 | $ 246 |
| 25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree | $ 91 | $ 370 | $ 150 |

| PEIA Humana PLAN 2 | | | |
|---|---|---|---|
| | Medicare Retired Policyholder | Medicare Retired Policyholder with Non-Medicare Dependent(s)* | Medicare Retired Policyholder with Medicare Dependent(s)** |
| Unsubsidized Premium | $ 438 | | $ 911 |
| 5 to 9 years of service | $ 394 | | $ 821 |
| 10 to 14 years of service | $ 288 | | $ 587 |
| 15 to 19 years of service | $ 182 | | $ 359 |
| 20 to 24 years of service | $ 121 | | $ 220 |
| 25 or more years of service or retired prior to 7/1/97 or any surviving dependent or disability retiree | $ 79 | | $ 130 |

**Discounts:**
**Subtract $25.00 if TBF Yes (Employee Only)**
**Subtract $50.00 if TBF Yes (All Others)**

***This rate assumes one person on Medicare. If you have more than one, subtract $22 for each additional**
****This rate assumes two people on Medicare. If you have more than two, subtract $22 for each additional**

# PLAN YEAR 2019 (July 1, 2018 - June 30, 2019) PREMIUMS
## COBRA

| State Agencies, County Boards of Education, Colleges and Universities | | | | | | | |
|---|---|---|---|---|---|---|---|
| COBRA Premiums | | | | | | | |
| | Health Plan A | Health Plan B | Health Plan C | PPB Plan A | PPB Plan B | PPB Plan C | PPB Plan D |
| Employee Only | $ 614 | $ 507 | $ 541 | $ 581 | $ 384 | $ 489 | $ 495 |
| Employee and Child(ren) | $ 842 | $ 660 | $ 701 | $ 783 | $ 505 | $ 691 | $ 668 |
| Family | $ 1,342 | $ 1,140 | $ 1,204 | $ 1,287 | $ 848 | $ 1,131 | $ 1,089 |
| *COBRA Disability Premiums* | | | | | | | |
| | Health Plan A | Health Plan B | Health Plan C | PPB Plan A | PPB Plan B | PPB Plan C | PPB Plan D |
| Employee Only | $ 903 | $ 746 | $ 795 | $ 855 | $ 564 | $ 719 | $ 728 |
| Employee and Child(ren) | $ 1,238 | $ 971 | $ 1,031 | $ 1,152 | $ 743 | $ 1,016 | $ 983 |
| Family | $ 1,974 | $ 1,677 | $ 1,770 | $ 1,893 | $ 1,247 | $ 1,664 | $ 1,602 |

**Discounts:**
**Subtract $25.00 if TBF Yes (Employee Only)**
**Subtract $50.00 if TBF Yes (All Others)**

| Non-State Agencies | | | | | | | |
|---|---|---|---|---|---|---|---|
| COBRA Premiums | | | | | | | |
| | Health Plan A | Health Plan B | Health Plan C | PPB Plan A | PPB Plan B | PPB Plan C | PPB Plan D |
| Employee Only | $ 668 | $ 422 | $ 439 | $ 552 | $ 502 | $ 349 | $ 523 |
| Employee and Child(ren) | $ 946 | $ 624 | $ 665 | $ 1,019 | $ 908 | $ 524 | $ 978 |
| Family | $ 1,567 | $ 1,042 | $ 1,089 | $ 1,160 | $ 1,019 | $ 707 | $ 1,094 |
| *COBRA Disability Premiums* | | | | | | | |
| | Health Plan A | Health Plan B | Health Plan C | PPB Plan A | PPB Plan B | PPB Plan C | PPB Plan D |
| Employee Only | $ 983 | $ 621 | $ 645 | $ 812 | $ 738 | $ 513 | $ 770 |
| Employee and Child(ren) | $ 1,391 | $ 918 | $ 980 | $ 1,499 | $ 1,335 | $ 771 | $ 1,439 |
| Family | $ 2,304 | $ 1,533 | $ 1,602 | $ 1,706 | $ 1,499 | $ 1,040 | $ 1,610 |

**Discounts:**
**Subtract $25.00 if TBF Yes (Employee Only)**
**Subtract $50.00 if TBF Yes (All Others)**