

## 2020/2021 Cost of Coverage

The following chart shows your cost **per pay period\*** for medical, dental and vision coverage:

		Employee Only	Employee + Spouse/DP	Employee + Child(ren)	Family
<b>MEDICAL Non-Tobacco User</b>	Aetna HealthFund HSA	\$29.69	\$64.95	\$53.82	\$90.01
	Aetna Choice POS II	\$97.63	\$300.22	\$178.02	\$383.54
	Kaiser HMO (Southern CA only)	\$30.36	\$77.71	\$60.72	\$102.00
	SelectHealth HMO (Utah Only)	\$40.82	\$93.90	\$89.86	\$120.29
<b>MEDICAL Tobacco User</b>	Aetna HealthFund HSA	\$44.54	\$97.43	\$80.73	\$135.02
	Aetna Choice POS II	\$146.45	\$450.33	\$267.03	\$575.31
	Kaiser HMO (Southern CA only)	\$45.54	\$116.57	\$91.08	\$153.00
	SelectHealth HMO (Utah Only)	\$61.23	\$140.85	\$134.79	\$180.44
<b>DENTAL</b>	Dental DMO	\$3.13	\$5.76	\$6.47	\$9.71
	Basic Plus Dental Plan	\$6.46	\$14.22	\$11.63	\$20.03
<b>VISION</b>	Vision Plan	\$0	\$1.75	\$1.75**	\$5.61

\* Payroll deductions assume completion of *Know Your Numbers*, if applicable.

\*\* Cost shown for employee + one child; per paycheck cost of \$5.61 for employee + two or more children.



Edwards