

Monthly Insurance Rates from July 1, 2019 to June 30, 2020

NHSEA and Act 93

Plan	Coverage	Medical	Rx	Med & RX	Dental	Monthly Costs	Annual Costs	Premium Share %**	Annual	Employer Share	Per Pay	Per Pay
									Premium Share		(22 Pays)	Premium Share
BMCS Open Choice 1	Single	550.12	161.06	711.18	53.95	765.13	9,181.56	13.5%	1,239.51	7,942.05	56.34	47.67
	Employee / Child	843.16	246.64	1,089.80	132.09	1,221.89	14,662.68	13.5%	1,979.46	12,683.22	89.98	76.13
	Employee / Children	1,215.46	418.50	1,633.96	132.09	1,766.05	21,192.60	13.5%	2,861.00	18,331.60	130.05	110.04
	Two Adults	1,266.25	370.40	1,636.65	132.09	1,768.74	21,224.88	13.5%	2,865.36	18,359.52	130.24	110.21
	Family	1,626.96	475.89	2,102.85	132.09	2,234.94	26,819.28	13.5%	3,620.60	23,198.68	164.57	139.25
BMCS Open Choice 2	Single	523.88	161.06	684.94	53.95	738.89	8,866.68	13.5%	1,197.00	7,669.68	54.41	46.04
	Employee / Child	802.94	246.64	1,049.58	132.09	1,181.67	14,180.04	13.5%	1,914.31	12,265.73	87.01	73.63
	Employee / Children	1,157.47	418.50	1,575.97	132.09	1,708.06	20,496.72	13.5%	2,767.06	17,729.66	125.78	106.43
	Two Adults	1,205.83	370.40	1,576.23	132.09	1,708.32	20,499.84	13.5%	2,767.48	17,732.36	125.79	106.44
	Family	1,549.35	475.89	2,025.24	132.09	2,157.33	25,887.96	13.5%	3,494.87	22,393.09	158.86	134.42
BMCS Point of Service	Single	529.21	161.06	690.27	53.95	744.22	8,930.64	13.5%	1,205.64	7,725.00	54.80	46.37
	Employee / Child	811.13	246.64	1,057.77	132.09	1,189.86	14,278.32	13.5%	1,927.57	12,350.75	87.62	74.14
	Employee / Children	1,169.27	418.50	1,587.77	132.09	1,719.86	20,638.32	13.5%	2,786.17	17,852.15	126.64	107.16
	Two Adults	1,218.12	370.40	1,588.52	132.09	1,720.61	20,647.32	13.5%	2,787.39	17,859.93	126.70	107.21
	Family	1,565.14	475.89	2,041.03	132.09	2,173.12	26,077.44	13.5%	3,520.45	22,556.99	160.02	135.40

*Vision Coverage is included at no cost to the Full Time employee at the same level of coverage as the employee Medical & Rx (Single or Family)