2020 BALDWIN COUNTY HEALTH/DENTAL INSURANCE RATES

EMPLOYEE HEALTH INSURANCE RATES

	TOTAL MONTHLY PREMIUMS	COUNTY PAYS MONTHLY	EMPLOYEE PAYS MONTHLY	EMPLOYEE PAYS BIWEEKLY
If employee AND spouse participated/completed 2018-2019 health incentive program or if the employee has family coverage and only covers dependents and no spouse:				
SINGLE	$ 575	$ 473	$ 103	$ 51.50
FAMILY	$ 1,431	$ 1,049	$ 382	$ 191
If employee NOR spouse participated/completed 2018-2019 health incentive program:				
SINGLE	$ 575	$ 445	$ 133	$ 66.50
FAMILY	$ 1,431	$ 985	$ 442	$ 221
If ONLY the employee or spouse participated/completed 2018-2019 health incentive program:				
FAMILY	$ 1,431	$ 1,016	$ 412	$ 206

EMPLOYEE DENTAL RATES

	TOTAL MONTHLY PREMIUMS	COUNTY PAYS MONTHLY	EMPLOYEE PAYS MONTHLY	EMPLOYEE PAYS BIWEEKLY
SINGLE	$ 23	$ -	$ 23	$ 11.50
FAMILY - ORTHO	$ 85	$ -	$ 85	$ 42.50
FAMILY - NON-ORTHO	$ 68	$ -	$ 68	$ 34

COBRA RATES

	HEALTH		DENTAL-Non	DENTAL-Ortho
SINGLE	$ 586.91		$ 23.46	
FAMILY	$ 1,459.62		$ 69.36	$ 86.70

2020 BALDWIN COUNTY HEALTH/DENTAL INSURANCE RATES

25 YR RETIREE HEALTH INSURANCE RATES

If retiree AND spouse participated/completed 2019 health incentive program OR if the employee has family coverage and only covers dependents and no spouse:

	TOTAL MONTHLY PREMIUMS	COUNTY PAYS MONTHLY	EMPLOYEE PAYS MONTHLY	
(25) SINGLE	$ 575	$ 475	$ 100	
(25) FAMILY	$ 1,431	$ 475	$ 956	
If retiree NOR spouse participated/completed 2019 health incentive program:				
(25) SINGLE	$ 575	$ 445	$ 130	
(25) FAMILY	$ 1,431	$ 415	$ 1,016	
If only the retiree OR spouse participated/completed 2019 health incentive program:				
(25) FAMILY	$ 1,431	$ 445	$ 986	

30 YR RETIREE HEALTH INSURANCE RATES

If retiree AND spouse participated/completed 2019 health incentive program OR if the employee has family coverage and only covers dependents and no spouse:

	TOTAL MONTHLY PREMIUMS	COUNTY PAYS MONTHLY	EMPLOYEE PAYS MONTHLY	
(30) SINGLE	$ 575	$ 575	$ -	
(30) FAMILY	$ 1,431	$ 575	$ 856	
If retiree NOR spouse participated/completed 2019 health incentive program:				
(30) SINGLE	$ 575	$ 545	$ 30	
(30) FAMILY	$ 1,431	$ 515	$ 916	
If only the retiree OR spouse participated/completed 2019 health incentive program:				
(30) FAMILY	$ 1,431	$ 545	$ 886	