

2019 Rate Schedule - Laity

Monthly direct billing rates	Standard PPO Plan	High-Deductible PPO Plan	
<i>Active Employee (a)</i>			
Employee	\$ 0.00	\$ 0.00	
Employee & Spouse	\$ 600.36	\$ 480.30	
Employee & Children	\$ 233.02	\$ 186.43	
Family	\$ 746.23	\$ 596.99	
<i>Six Month Continuation</i>			
Employee	\$581.18	\$464.94	
Employee & Spouse	\$1,193.54	\$954.84	
Employee & Children	\$818.86	\$655.10	
Family	\$1,342.33	\$1,073.87	
Voluntary Dental & Vision Plan			
	Dental HMO	Dental PPO	Vision
Employee only	\$14.58	\$30.83	\$7.28
Employee & Spouse	\$26.65	\$68.75	\$14.53
Employee & Children	\$28.63	\$65.90	\$13.82
Employee & Family	\$38.02	\$105.75	\$21.73

- (a) Amounts for active employee direct billing rates exclude the employer paid portion of the monthly premium. The employer paid portion of the premium is \$569.78 (Standard Plan) and \$455.82 (High-Deductible Plan) per month.