Your 2019-2020 Payroll Deductions

Health Enhancement Program Bi-Weekly Payroll Deductions | July 1, 2019 through June 30, 2020 (26 Pay Periods)

If you do not enroll in the Health Enhancement Program, an additional \$46.15 will be deducted from your paycheck bi-weekly.

(Employees on semi-monthly pay schedules will have slightly higher deductions.)

MEDICAL PLANS	EMPLOYEE			EMPLOYEE +1		
	UNION	NEW HIRE HIRED AFTER 7/1/17	NON-UNION	UNION	NEW HIRE HIRED AFTER 7/1/17	NON-UNION
Point of Enrollment – Gatekeeper Plans (POE-G)						
Anthem State BlueCare POE Plus	\$35.71	\$43.92	\$73.86	\$100.44	\$118.49	\$162.49
UnitedHealthcare Oxford HMO	\$26.52	\$32.52	\$54.07	\$73.94	\$87.15	\$118.95
Point of Enrollment Plans (POE) Anthem State BlueCare UnitedHealthcare Oxford HMO Select	\$38.84	\$47.08	\$74.12	\$113.68	\$131.79	\$163.07
	\$31.02	\$37.57	\$58.98	\$90.79	\$105.21	\$129.76
Point of Service Plans (POS) Anthem State BlueCare Anthem State Preferred POS* UnitedHealthcare Oxford Freedom Select	\$49.06	\$57.56	\$76.55	\$154.80	\$154.80	\$168.41
	\$107.81	\$107.81	\$110.34	\$314.83	\$314.83	\$242.74
	\$39.86	\$46.75	\$62.01	\$125.82	\$125.82	\$136.43
Out of Area Plans (OOA) Anthem OOA UnitedHealthcare Oxford Out of Area	\$50.83	\$62.77	\$106.33	\$168.19	\$194.63	\$233.94
	\$40.11	\$47.46	\$65.97	\$125.89	\$129.01	\$145.14

MEDICAL PLANS	FAMILY			FLES**		
	UNION	NEW HIRE HIRED AFTER 7/1/17	NON-UNION	UNION	NEW HIRE HIRED AFTER 7/1/17	NON-UNION
Point of Enrollment – Gatekeeper Plans (POE-G) Anthem State BlueCare POE Plus UnitedHealthcare Oxford HMO	\$128.52	\$150.68	\$199.42	\$68.45	\$82.39	\$125.56
	\$94.62	\$110.84	\$145.98	\$50.38	\$60.60	\$91.92
Point of Enrollment Plans (POE) Anthem State BlueCare UnitedHealthcare Oxford HMO Select	\$150.37	\$172.61	\$200.12	\$76.90	\$90.90	\$126.00
	\$120.10	\$137.79	\$159.25	\$61.41	\$72.55	\$100.27
Point of Service Plans (POS) Anthem State BlueCare Anthem State Preferred POS* UnitedHealthcare Oxford Freedom Select	\$178.84	\$183.72	\$206.68	\$87.43	\$101.89	\$130.13
	\$370.05	\$370.05	\$297.91	\$215.85	\$215.85	\$187.57
	\$145.37	\$148.84	\$167.44	\$71.04	\$82.76	\$105.42
Out of Area Plans (OOA) Anthem OOA UnitedHealthcare Oxford Out of Area	\$195.24	\$227.66	\$287.11	\$90.46	\$110.76	\$180.77
	\$148.44	\$158.33	\$178.12	\$71.46	\$83.95	\$112.15

DENTAL PLANS – administered by Cigna	EMPLOYEE	EMPLOYEE +1	FAMILY	FLES**
BASIC	\$0.00	\$13.92	\$13.92	\$7.13
ENHANCED	\$0.00	\$11.99	\$11.99	\$6.14
DHMO	\$0.00	\$4.82	\$6.84	\$2.82