



2020 Employee Health Insurance Rates

The 2020 health insurance rates for active, full-time employees are effective January 1, 2020 through December 31, 2020, deducted 24 out of 26 pay periods. Medical, dental and vision benefits are pre-tax. Benefits are not available for part-time employees, except for those that qualify in accordance with the Affordable Care Act (ACA).

Optima Health (Medical)

Optima HDHP (High Deductible Health Plan)		Employee Contribution Per Pay Period	
Employee Only		\$15.57	
Employee & Child(ren)		\$25.15	
Employee & Spouse		\$38.57	
Family		\$53.65	
HSA for Optima HDHP (Health Savings Account)	Annual Maximum (Less City Contribution)	Employee Contribution Maximum Per Pay Period (Optional)	
Individual	\$2,500	\$104.16	
Family	\$5,750	\$239.58	
Optima HMO (Health Maintenance Organization)		Employee Contribution Per Pay Period	
Employee Only		\$49.86	
Employee & Child(ren)		\$149.59	
Employee & Spouse		\$267.59	
Family		\$319.12	
Optima POS (Point of Service)		Employee Contribution Per Pay Period	
Employee Only		\$118.60	
Employee & Child(ren)		\$266.84	
Employee & Spouse		\$454.61	
Family		\$569.24	

Delta Dental (Dental)

Delta EPO (Exclusive Provider Organization)		Employee Contribution Per Pay Period	
Employee Only		\$10.30	
Employee & Child(ren)		\$21.89	
Employee & Spouse		\$20.51	
Family		\$29.96	
Delta PPO Plus Premier (Preferred Provider Organization)		Employee Contribution Per Pay Period	
Employee Only		\$12.26	
Employee & Child(ren)		\$26.83	
Employee & Spouse		\$25.22	
Family		\$36.93	

Vision Service Plan (Vision)

Vision Service Plan (VSP)		Employee Contribution Per Pay Period	
Employee Only		\$4.47	
Employee & Child(ren)		\$8.60	
Employee & Spouse		\$8.38	
Family		\$13.78	

Legal Resources (Legal)

Legal Resources	Employee Contribution Per Pay Period
Legal Resources	\$8.50

Flexible Benefits Administrators (FSA)

Flexible Spending Accts	Annual Maximums	Maximum Contribution Per Pay Period
Health Care Account	\$2,700	\$112.50
Dependent Care Account	\$5,000	\$208.34

Fitness Center Memberships

Fitness Centers	Levels	Employee Contribution Per Pay Period
OneLife Fitness Center <i>*Child = Age 13 & under</i>	Employee Only	\$13.50
	Employee + 1 Child	\$18.50
	Employee + 2 Children	\$23.50
	Employee & Spouse	\$27.00
	Employee & Family	\$37.00
YMCA of South Hampton Roads	Employee Only	\$23.63
	Employee + 1	\$29.25
	Employee & Family	\$34.88

Aflac (Short-Term Disability)

Annual Income		\$9,000	\$12,000	\$12,000	\$16,000	\$18,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900
6 Months	18-49	\$5.20	\$6.24	\$7.28	\$8.32	\$9.36
	50-64	\$6.18	\$7.41	\$8.65	\$9.88	\$11.12
	65-74	\$7.80	\$9.36	\$10.92	\$12.48	\$14.04

Annual Income		\$20,000	\$22,000	\$24,000	\$26,000	\$28,000
Benefit Period	Age	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
6 Months	18-49	\$10.40	\$11.44	\$12.48	\$13.52	\$14.56
	50-64	\$12.35	\$13.59	\$14.82	\$16.06	\$17.29
	65-74	\$15.60	\$17.16	\$18.72	\$20.28	\$21.84

Annual Income		\$30,000	\$32,000	\$34,000	\$36,000	\$38,000
Benefit Period	Age	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900
6 Months	18-49	\$15.60	\$16.64	\$17.68	\$18.72	\$19.76
	50-64	\$18.53	\$19.76	\$21.00	\$22.23	\$23.47
	65-74	\$23.40	\$24.96	\$26.52	\$28.08	\$29.64

Annual Income		\$40,000	\$42,000	\$44,000	\$46,000	\$48,000
Benefit Period	Age	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400
6 Months	18-49	\$20.80	\$21.84	\$22.88	\$23.92	\$24.96
	50-64	\$24.70	\$25.94	\$27.17	\$28.41	\$29.64
	65-74	\$31.20	\$32.76	\$34.32	\$35.88	\$37.44

Annual Income		\$50,000	\$52,000	\$54,000	\$56,000	\$58,000
Benefit Period	Age	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900
6 Months	18-49	\$26.00	\$27.04	\$28.08	\$29.12	\$30.16
	50-64	\$30.88	\$32.11	\$33.35	\$34.58	\$35.82
	65-74	\$39.00	\$40.56	\$42.12	\$43.68	\$45.24

Annual Income		\$60,000	\$61,000	\$63,000	\$68,000	\$73,000
Benefit Period	Age	\$3,000	\$3,100	\$3,200	\$3,300	\$3,400
6 Months	18-49	\$31.20	\$32.24	\$33.28	\$34.32	\$35.36
	50-64	\$37.05	\$38.29	\$39.52	\$40.76	\$41.99
	65-74	\$46.80	\$48.36	\$49.92	\$51.48	\$53.04