



7/1/19 - 6/30/20 Benefit Rates Lyon County

	CIGNA						
	ER Cost	PPO \$500			ER Cost	PPO \$2,500	
	Month	EE/PP*	EE/Month		Month	EE/PP*	EE/Month
Employee Only	\$ 619.10	\$0.00	\$0.00		\$ 518.73	\$0.00	\$0.00
Employee + Spouse	\$ 771.22	\$177.47	\$ 354.94		\$ 771.22	\$86.17	\$ 172.34
Employee + Child(ren)	\$ 730.00	\$129.36	\$ 258.72		\$ 730.00	\$49.20	\$ 98.40
Employee + Family	\$ 819.10	\$378.89	\$ 757.78		\$ 819.10	\$251.05	\$ 502.10

	Dental (Guardian)		
	ER/Month	EE/PP*	EE/Month
Employee Only	\$42.60	\$0.00	\$0.00
Employee + Spouse		\$21.69	\$43.38
Employee + Child(ren)		\$18.74	\$37.48
Employee + Family		\$43.91	\$87.82

	Vision (VSP)		
	ER/Month	EE/PP*	EE/Month
Employee Only	\$6.04		\$0.00
Employee + Spouse		\$1.81	\$3.62
Employee + Child(ren)		\$1.91	\$3.82
Employee + Family		\$4.93	\$9.86

	Basic Life Insurance Non-Sworn (EE benefit \$10,000)	
	ER/Month	EE/Month
Employee Only	\$2.60	\$0.00
Voluntary Employee		banded
Family (10,000/vol)		\$1.75

	Basic Life Insurance Sworn (EE benefit \$50,000)	
	ER/Month	EE/Month
Employee Only	\$13.00	\$0.00
Voluntary Employee		banded
Family (10,000/vol)		\$1.75

**First and second paydays each month.*

Voluntary life coverage is per \$10,000; family coverage is \$10,000 for each family member

For Medical County pays 100% employee coverage plus 30% spouse/dependent coverage up to max of \$200

For Dental, Vision County pays 10% of employee only and 0% for spouse/dependent coverage.

**Employee deductions are taken the first two pay periods (PP) of each month.*

Employee deductions are pretax.