

FY20 Monthly Medical_Dental_Vision Rates

Full-Time Employees							
HDHP/PPO	July 1, 2019 Premium	Employee Premium	EE Premium %	Simmons Premium	Simmons Premium %	Simmons HSA Seed*	Simmons Total Cost Contribution (including Health Savings Contribution)
<\$75,000							
Individual	\$619.28	\$116.34	18.8%	\$502.94	81.2%	\$41.67	82.4%
Employee + 1	\$1,237.56	\$244.96	19.8%	\$992.60	80.2%	\$83.33	81.5%
Family	\$1,898.38	\$375.74	19.8%	\$1,522.64	80.2%	\$83.33	81.0%
\$75,000+							
Individual	\$619.28	\$124.26	20.1%	\$495.02	79.9%	\$41.67	81.2%
Employee + 1	\$1,237.56	\$261.62	21.1%	\$975.94	78.9%	\$83.33	80.2%
Family	\$1,898.38	\$401.30	21.1%	\$1,497.08	78.9%	\$83.33	79.7%
HMO							
<\$75,000							
Individual	\$674.38	\$179.16	26.6%	\$495.22	73.4%	-	-
Employee + 1	\$1,348.73	\$371.56	27.5%	\$977.17	72.5%	-	-
Family	\$2,068.95	\$569.98	27.5%	\$1,498.97	72.5%	-	-
\$75,000+							
Individual	\$674.38	\$191.34	28.4%	\$483.04	71.6%	-	-
Employee + 1	\$1,348.73	\$396.82	29.4%	\$951.91	70.6%	-	-
Family	\$2,068.95	\$608.76	29.4%	\$1,460.19	70.6%	-	-

*HSA contribution shown on a monthly basis for illustrative purposes. Simmons makes a lump sum contribution of \$500 or \$1,000

Part-Time Employees							
HDHP/PPO	July 1, 2019 Premium	Employee Premium	EE Premium %	Simmons Premium	Simmons Premium %	Simmons HSA Seed*	Simmons Total Cost Contribution (including Health Savings Contribution)
Individual	\$619.28	\$392.68	63.4%	\$226.60	36.6%	\$41.67	40.6%
Employee + 1	\$1,237.56	\$798.68	64.5%	\$438.88	35.5%	\$83.33	39.5%
Family	\$1,898.38	\$1,225.14	64.5%	\$673.24	35.5%	\$83.33	38.2%
HMO							
Individual	\$674.38	\$457.00	67.8%	\$217.38	32.2%	-	-
Employee + 1	\$1,348.73	\$928.44	68.8%	\$420.29	31.2%	-	-
Family	\$2,068.95	\$1,429.62	69.1%	\$639.33	30.9%	-	-

*HSA contribution shown on a monthly basis for illustrative purposes. Simmons makes a lump sum contribution of \$500 or \$1,000

Dental Plan		July 1, 2019 Premium	Employee Premium	EE Premium %	Simmons Premium	Simmons Premium %
Core	Full-Time					
	Individual	\$43.80	\$21.90	50.0%	\$21.90	50.0%
	Family	\$130.66	\$65.32	50.0%	\$65.34	50.0%
	Part-Time					
	Individual	\$43.80	\$43.80	100.0%	\$0.00	0.0%
	Family	\$130.66	\$130.66	100.0%	\$0.00	0.0%
Enhanced	Full-Time					
	Individual	\$52.56	\$30.66	58.3%	\$21.90	41.7%
	Family	\$156.79	\$91.46	58.3%	\$65.33	41.7%
	Part-Time					
	Individual	\$52.56	\$52.56	100.0%	\$0.00	0.0%
	Family	\$156.79	\$156.79	100.0%	\$0.00	0.0%

FY20 Vision Rates	
Full-Time & Part-Time	Employee Premium
Individual	\$8.94
Employee + 1	\$12.97
Family	\$23.25