

FY21 Monthly Rates - Medical, Dental, & Vision

Full-Time Employees

HDHP/PPO	July 1, 2020 Premium	Employee Premium	Employee Premium %	Simmons Premium	Simmons Premium %	Simmons HSA Seed*	Simmons Total Cost Contribution (including HSA Contribution)
<\$75,000							
Individual	\$647.41	\$121.62	18.8%	\$525.79	81.2%	\$41.67	82.4%
Employee + 1	\$1,293.77	\$256.08	19.8%	\$1,037.69	80.2%	\$83.33	81.4%
Family	\$1,984.60	\$392.80	19.8%	\$1,591.80	80.2%	\$83.33	81.0%
\$75,000+							
Individual	\$647.41	\$129.90	20.1%	\$517.51	79.9%	\$41.67	81.1%
Employee + 1	\$1,293.77	\$273.50	21.1%	\$1,020.27	78.9%	\$83.33	80.1%
Family	\$1,984.60	\$419.52	21.1%	\$1,565.08	78.9%	\$83.33	79.7%
HMO							
<\$75,000							
Individual	\$705.01	\$187.29	26.6%	\$517.72	73.4%	-	-
Employee + 1	\$1,409.98	\$388.43	27.5%	\$1,021.55	72.5%	-	-
Family	\$2,162.91	\$595.86	27.5%	\$1,567.05	72.5%	-	-
\$75,000+							
Individual	\$705.01	\$200.03	28.4%	\$504.98	71.6%	-	-
Employee + 1	\$1,409.98	\$414.84	29.4%	\$995.14	70.6%	-	-
Family	\$2,162.91	\$636.40	29.4%	\$1,526.51	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, 2020 Premium	Employee Premium	Employee Premium %	Simmons Premium	Simmons Premium %	Simmons HSA Seed*	Simmons Total Cost Contribution (including HSA Contribution)
Individual	\$647.41	\$410.51	63.4%	\$236.90	36.6%	\$41.67	40.4%
Employee + 1	\$1,293.77	\$834.94	64.5%	\$458.83	35.5%	\$83.33	39.4%
Family	\$1,984.60	\$1,280.76	64.5%	\$703.84	35.5%	\$83.33	38.1%
HMO							
Individual	\$705.01	\$477.75	67.8%	\$227.26	32.2%	-	-
Employee + 1	\$1,409.98	\$970.59	68.8%	\$439.39	31.2%	-	-
Family	\$2,162.91	\$1,494.52	69.1%	\$668.39	30.9%	-	-

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

Dental		July 1, 2020 Working Rate Premium	Employee Premium	Employee 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%

Vision	July 1, 2020 Premium	
Full-Time & Part-Time	Employee Premium	Employer Premium
Individual	\$8.94	\$0.00
Employee + 1	\$12.97	\$0.00
Family	\$23.25	\$0.00