

2019
Geauga County & Employee
Healthcare & Dental Contribution Rates

CEBCO/ANTHEM Wellness Rates - 2019					
<i>Type</i>	<i>Coverage</i>	<i>Monthly Premium</i>	<i>County Portion Monthly - Bi-Weekly</i>	<i>Employee Bi-Weekly</i>	<i>Employee Monthly</i>
1C	Family	1639.08	1485.08 – 742.54	77.00	154.00
1C	Single	621.80	560.80 – 280.40	30.50	61.00
4D	Family	1418.34	1369.34 – 684.67	24.50	49.00
4D	Single	538.06	519.06 – 259.53	9.50	19.00

CEBCO/ANTHEM Standard Rates - 2019					
<i>Type</i>	<i>Coverage</i>	<i>Monthly Premium</i>	<i>County Portion Monthly - Bi-Weekly</i>	<i>Employee Bi-Weekly</i>	<i>Employee Monthly</i>
1CS	Family	1639.08	1414.08 – 707.04	112.50	225.00
1CS	Single	621.80	531.80 – 265.90	45.00	90.00
4DS	Family	1418.34	1345.34 – 672.67	36.50	73.00
4DS	Single	538.06	510.06 – 255.03	14.00	28.00

CEBCO/DELTA DENTAL Rates - 2019					
<i>Type</i>	<i>Coverage</i>	<i>Monthly Premium</i>	<i>County Portion Monthly - Bi-Weekly</i>	<i>Employee Bi-Weekly</i>	<i>Employee Monthly</i>
DDP	Family	82.42	82.42 - 41.21	\$ 0	\$ 0
DDP	Single	28.92	28.92 - 14.46	\$ 0	\$ 0

Geauga County Waivers - 2019		
<i>Type of Waiver</i>	<i>Family</i>	<i>Single</i>
Full (Medical, Prescription & Dental)	\$2,088.00	\$ 792.00
Partial (Medical & Prescription Only)	\$1,884.00	\$ 720.00

According to Ohio Revised Code 305.171, a cash payment to an officer or County employee in lieu of providing health insurance must not exceed twenty-five percent of the cost of premiums or payments that otherwise would be paid by the County.

When both husband and wife are eligible for coverage under the County group plans, both shall either carry single coverage or if there are more than two dependents, both shall be covered by one family plan. The waiver option will not apply.

(Geauga County Personnel Policy and Procedure manual, Section 5.Benefits, Revised 1/1/2007)

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