

2020
Geauga County & Employee
Healthcare & Dental Contribution Rates

CEBCO/ANTHEM Medical & Rx Wellness Rates - 2020						
Type	Coverage	Monthly Premium	County Portion Monthly	County Portion Bi-Monthly	Employee Monthly	Employee Bi-Monthly
1C	Family	\$1,612.86	\$ 1,458.86	\$ 729.43	\$ 154.00	\$ 77.00
1C	Single	611.86	550.86	275.43	61.00	30.50
4D	Family	1,395.66	1,346.66	673.33	49.00	24.50
4D	Single	529.46	510.46	255.23	19.00	9.50

CEBCO/ANTHEM Medical & Rx Standard Rates - 2020						
Type	Coverage	Monthly Premium	County Portion Monthly	County Portion Bi-Monthly	Employee Monthly	Employee Bi-Monthly
1CS	Family	\$1,612.86	\$ 1,387.86	\$ 693.93	\$ 225.00	\$ 112.50
1CS	Single	611.86	521.86	260.93	90.00	45.00
4DS	Family	1,395.66	1,322.66	661.33	73.00	36.50
4DS	Single	529.46	501.46	250.73	28.00	14.00

CEBCO/DELTA DENTAL Rates - 2020						
Type	Coverage	Monthly Premium	County Portion Monthly	County Portion Bi-Monthly	Employee Monthly	Employee Bi-Monthly
DDP	Family	\$ 80.78	\$ 80.78	\$ 40.39	\$ 0	\$ 0
DDP	Single	28.34	28.34	14.17	0	0

Geauga County Waivers YEAR 2020		
Type of Waiver	Family	Single
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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