City of Berwyn
Health-Dental-Vision Insurance Renewal Rates
Commencing May 2020

BCBS Health HMO Rates (No Vision)			
	Effective 5/1/20	Bi-Weekly Employer Contribution	Bi-Weekly Employee Payroll Deduction
Single	$ 813.77	$ 328.64	$ 46.95
Single +1	$ 1,631.24	$ 658.77	$ 94.11
Family	$ 2,507.10	$ 1,012.48	$ 144.64

BCBS Health PPO Rates (No Vision)			
	Effective 5/1/20 Monthly Premium	Bi-Weekly Employer Contribution	Bi-Weekly Employee Payroll Deduction
Single	$ 1,001.56	$ 404.48	$ 57.78
Single +1	$ 2,007.68	$ 810.79	$ 115.83
Family	$ 3,085.66	$ 1,246.13	$ 178.02

BCBS Eymed Vision Rates			
	Effective 5/1/20 Monthly Premium	Bi-Weekly Employer Contribution	Bi-Weekly Employee Payroll Deduction
Single	$ 7.01	$ 2.83	$ 0.40
Single + spouse	$ 13.32	$ 5.38	$ 0.77
Single + child	$ 14.02	$ 5.66	$ 0.81
Family	$ 20.61	$ 8.32	$ 1.19

Aetna Dental Rates			
	Effective 5/1/20 Monthly Premium	Bi-Monthly Employer Contribution	Bi-Monthly Employee Payroll Deduction
Single	$ 40.51	$ 6.09	$ 14.16
Single +1	$ 95.88	$ 33.78	$ 14.16
Family	$ 116.58	$ 44.13	$ 14.16

Medicare Health Coverage			
		BCBS HMO Monthly Premium Effective 5/1/20	BCBS PPO Monthly Premium Effective 5/1/20
Single		$ 715.17	$ 880.22
Single +1		$ 1,430.36	$ 1,760.45