



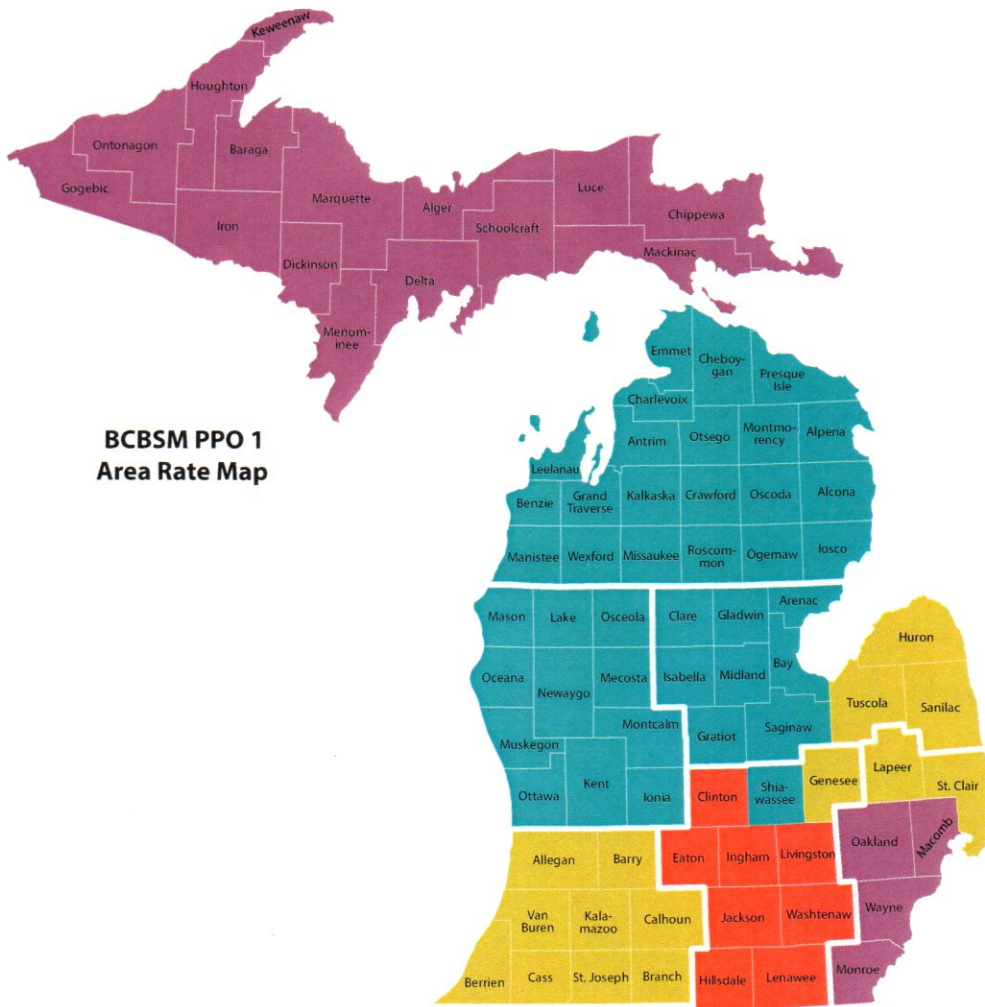
# MCC Benefit Plan Rates

July 1, 2019 – June 30, 2020

## BCBSM Medical Plan Rates

	Area 1	Area 2	Area 3	Area 4	All Areas	All Areas
	PPO 1	PPO 1	PPO 1	PPO 1	PPO 2	PPO HD
Employee	\$741	\$675	\$699	\$645	\$473	\$393
Employee + 1	\$1,629	\$1,486	\$1,536	\$1,419	\$1,039	\$865
Family	\$1,925	\$1,755	\$1,815	\$1,677	\$1,229	\$1,023

PPO 1: \$250/\$500 Deductible PPO 2: \$1,500/\$3,000 Deductible PPO HD: \$5,000/\$10,000 Deductible



## Additional Program Rates

### Dental PPO (Delta)

Employee	\$43
Employee + 1	\$83.50
Family	\$135

### Vision

Employee	\$7.50
Employee + 1	\$14
Family	\$22

### Lay Employees' Retirement Plan

8.6% employer contribution

### Life Insurance (UNUM)

\$0.22 per \$1,000 of benefit

### Long Term Disability (UNUM)

\$0.44 per \$100 of payroll

### Short Term Disability

\$0.40 per \$10 of benefit