

BGCS
HEALTH DENTAL AND VISION RATES - 2020
26 Pay / 24 DEDUCTIONS - CERTIFIED
Effective January 1, 2020 thru December 31, 2020

PLAN	Deduction Code	Cost Per Month	Annual Cost	BGCS Pays Annually	Employee Pays Annually	Employee Owes 24 Pays
PLAN 1 / PLAN 2	\$1500 / \$3000		OPM \$6000 / \$10000			
Single	3H2SN	\$ 751	\$ 9,012	\$ 6,665	\$ 2,347	\$ 97.79
Emp + Spouse	3H2ES	\$ 1,629	\$ 19,548	\$ 9,722	\$ 9,826	\$ 409.42
Emp + Child(ren)	3H2EC	\$ 1,492	\$ 17,904	\$ 9,988	\$ 7,916	\$ 329.83
Family	3H2FA	\$ 1,944	\$ 23,328	\$ 10,981	\$ 12,347	\$ 514.46

PLAN 3	\$2700 / \$5400		OPM \$6000 / \$10000			
Single	3H3SN	\$ 618	\$ 7,416	\$ 6,136	\$ 1,280	\$ 53.33
Emp + Spouse	3H3ES	\$ 1,337	\$ 16,044	\$ 10,111	\$ 5,933	\$ 247.21
Emp + Child(ren)	3H3EC	\$ 1,218	\$ 14,616	\$ 10,350	\$ 4,266	\$ 177.75
Family	3H3FA	\$ 1,611	\$ 19,332	\$ 11,551	\$ 7,781	\$ 324.21

PLAN 4	\$3500 / \$7000		OPM \$6900 / \$11500		\$1000 HSA over 20 pays	
Single	3H4SN	\$ 490	\$ 5,880	\$ 5,153	\$ 727	\$ 30.29
Emp + Spouse	3H4ES	\$ 1,045	\$ 12,540	\$ 9,065	\$ 3,475	\$ 144.79
Emp + Child(ren)	3H4EC	\$ 968	\$ 11,616	\$ 9,400	\$ 2,216	\$ 92.33
Family	3H4FA	\$ 1,256	\$ 15,072	\$ 10,306	\$ 4,766	\$ 198.58

DENTAL CORE						
Single	3DCSN	\$ 33	\$ 396	\$ 350	\$ 46	\$ 1.92
Emp + Spouse	3DCES	\$ 72	\$ 864	\$ 350	\$ 514	\$ 21.42
Emp + Child(ren)	3DCEC	\$ 60	\$ 720	\$ 350	\$ 370	\$ 15.42
Family	3DCFA	\$ 102	\$ 1,224	\$ 350	\$ 874	\$ 36.42

DENTAL ENHANCED						
Single	3DESN	\$ 46	\$ 552	\$ 350	\$ 202	\$ 8.42
Emp + Spouse	3DEES	\$ 99	\$ 1,188	\$ 350	\$ 838	\$ 34.92
Emp + Child(ren)	3DEEC	\$ 83	\$ 996	\$ 350	\$ 646	\$ 26.92
Family	3DEFA	\$ 140	\$ 1,680	\$ 350	\$ 1,330	\$ 55.42

VISION						
Single	3VSNC	\$ 7.40	\$ 88.80	\$ 88.80	\$ -	\$ -
Emp + Spouse	3VESC	\$ 14.80	\$ 177.60	\$ 88.80	\$ 88.80	\$ 3.70
Emp + Child(ren)	3VECC	\$ 15.84	\$ 190.08	\$ 88.80	\$ 101.28	\$ 4.22
Family	3VFAC	\$ 25.30	\$ 303.60	\$ 88.80	\$ 214.80	\$ 8.95