

BGCS  
HEALTH DENTAL AND VISION RATES - 2020  
20 Pay / 18 DEDUCTIONS - TRANSPORTATION  
Effective January 1, 2020 thru December 31, 2020

| PLAN                   | Deduction Code | Cost Per Month         | Annual Cost | BGCS Pays Annually          | Employee Pays Annually | Employee Owes 18 Pays |
|------------------------|----------------|------------------------|-------------|-----------------------------|------------------------|-----------------------|
| <b>PLAN 1 / PLAN 2</b> |                | <b>\$1500 / \$3000</b> |             | <b>OPM \$6000 / \$10000</b> |                        |                       |
| Single                 | 3HSN2          | \$ 751                 | \$ 9,012    | \$ -                        | 100% of Cost           | 100% of Cost          |
| Emp + Spouse           | 3HES2          | \$ 1,629               | \$ 19,548   | \$ -                        | 100% of Cost           | 100% of Cost          |
| Emp + Child(ren)       | 3HEC2          | \$ 1,492               | \$ 17,904   | \$ -                        | 100% of Cost           | 100% of Cost          |
| Family                 | 3HFA2          | \$ 1,944               | \$ 23,328   | \$ -                        | 100% of Cost           | 100% of Cost          |

|                  |       |                        |           |                             |              |              |
|------------------|-------|------------------------|-----------|-----------------------------|--------------|--------------|
| <b>PLAN 3</b>    |       | <b>\$2700 / \$5400</b> |           | <b>OPM \$6000 / \$10000</b> |              |              |
| Single           | 3HSN3 | \$ 618                 | \$ 7,416  | \$ -                        | 100% of Cost | 100% of Cost |
| Emp + Spouse     | 3HES3 | \$ 1,337               | \$ 16,044 | \$ -                        | 100% of Cost | 100% of Cost |
| Emp + Child(ren) | 3HEC3 | \$ 1,218               | \$ 14,616 | \$ -                        | 100% of Cost | 100% of Cost |
| Family           | 3HFA3 | \$ 1,611               | \$ 19,332 | \$ -                        | 100% of Cost | 100% of Cost |

|                  |       |                        |           |                             |              |                               |
|------------------|-------|------------------------|-----------|-----------------------------|--------------|-------------------------------|
| <b>PLAN 4</b>    |       | <b>\$3500 / \$7000</b> |           | <b>OPM \$6900 / \$11500</b> |              | <b>\$800 HSA/\$50-16 pays</b> |
| Single           | 3HSN4 | \$ 490                 | \$ 5,880  | \$ 5,160                    | \$ 720       | \$ 40.00                      |
| Emp + Spouse     | 3HES4 | \$ 1,045               | \$ 12,540 | \$ -                        | 100% of Cost | 100% of Cost                  |
| Emp + Child(ren) | 3HEC4 | \$ 968                 | \$ 11,616 | \$ -                        | 100% of Cost | 100% of Cost                  |
| Family           | 3HFA4 | \$ 1,256               | \$ 15,072 | \$ -                        | 100% of Cost | 100% of Cost                  |

|                  |       |                          |           |                             |              |              |
|------------------|-------|--------------------------|-----------|-----------------------------|--------------|--------------|
| <b>PLAN 5</b>    |       | <b>\$5000 / \$10,000</b> |           | <b>OPM \$6900 / \$13800</b> |              |              |
| Single           | 3HSN5 | \$ 438                   | \$ 5,256  | \$ 4,776                    | \$ 480       | \$ 20.00     |
| Emp + Spouse     |       | \$ 935                   | \$ 11,220 | \$ -                        | 100% of Cost | 100% of Cost |
| Emp + Child(ren) |       | \$ 866                   | \$ 10,392 | \$ -                        | 100% of Cost | 100% of Cost |
| Family           |       | \$ 1,124                 | \$ 13,488 | \$ -                        | 100% of Cost | 100% of Cost |

| <b>DENTAL CORE</b> |       |        |          |        |        |          |
|--------------------|-------|--------|----------|--------|--------|----------|
| Single             | 3DSNC | \$ 33  | \$ 396   | \$ 350 | \$ 46  | \$ 2.56  |
| Emp + Spouse       | 3DESC | \$ 72  | \$ 864   | \$ 350 | \$ 514 | \$ 28.56 |
| Emp + Child(ren)   | 3DECC | \$ 60  | \$ 720   | \$ 350 | \$ 370 | \$ 20.56 |
| Family             | 3DFAC | \$ 102 | \$ 1,224 | \$ 350 | \$ 874 | \$ 48.56 |

| <b>DENTAL ENHANCED</b> |       |        |          |        |          |          |
|------------------------|-------|--------|----------|--------|----------|----------|
| Single                 | 3DSNE | \$ 46  | \$ 552   | \$ 350 | \$ 202   | \$ 11.22 |
| Emp + Spouse           | 3DESE | \$ 99  | \$ 1,188 | \$ 350 | \$ 838   | \$ 46.56 |
| Emp + Child(ren)       | 3DECE | \$ 83  | \$ 996   | \$ 350 | \$ 646   | \$ 35.89 |
| Family                 | 3DFAE | \$ 140 | \$ 1,680 | \$ 350 | \$ 1,330 | \$ 73.89 |

| <b>VISION</b>    |       |          |           |      |           |          |
|------------------|-------|----------|-----------|------|-----------|----------|
| Single           | 3VSN4 | \$ 7.40  | \$ 88.80  | \$ - | \$ 88.80  | \$ 4.93  |
| Emp + Spouse     | 3VES4 | \$ 14.80 | \$ 177.60 | \$ - | \$ 177.60 | \$ 9.87  |
| Emp + Child(ren) | 3VEC4 | \$ 15.40 | \$ 184.80 | \$ - | \$ 184.80 | \$ 10.27 |
| Family           | 3VFA4 | \$ 25.30 | \$ 303.60 | \$ - | \$ 303.60 | \$ 16.87 |