

2019-20 CAPITAL HEALTH PLAN (ADMINISTRATORS AND EXEMPT)

COMPANY	COVERAGE TYPE	12 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION	COBRA RATES - REGULAR	REMITTANCE AMOUNT	LEAVE RATES	REMITTANCE AMOUNT
Capital Health Plan	Single	\$658.37	\$131.67	\$526.70	\$671.54	\$658.37	\$658.37	\$658.37
	2 person	\$1,316.74	\$526.70	\$790.04	\$1,343.07	\$1,316.74	\$1,316.74	\$1,316.74
	family	\$1,777.60	\$711.04	\$1,066.56	\$1,813.15	\$1,777.60	\$1,777.60	\$1,777.60
	family/2 employees	\$1,777.60	\$263.34	\$1,514.26	\$1,813.15	\$1,777.60	\$1,777.60	\$1,777.60
	overage dependent	\$724.21	\$724.21	\$0.00	\$738.69	\$724.21	\$724.21	\$724.21
CHP- MVP	Single	\$491.56	\$25.00	\$466.56	\$501.39	\$491.56	\$491.56	\$491.56
	2 person	\$983.12	\$193.08	\$790.04	\$1,002.78	\$983.12	\$983.12	\$983.12
	family	\$1,327.21	\$260.65	\$1,066.56	\$1,353.75	\$1,327.21	\$1,327.21	\$1,327.21
	family/2 employees	\$1,327.21	\$50.00	\$1,277.21	\$1,353.75	\$1,327.21	\$1,327.21	\$1,327.21
	overage dependent	\$540.72	\$540.72	\$0.00	\$551.53	\$540.72	\$540.72	\$540.72