

## 2020-21 RATE SCHEDULE (10 MONTH RATES)

COMPANY	COVERAGE TYPE	10 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Capital Health Plan	Single	\$790.04	\$158.01	\$632.03
	2 person	\$1,580.09	\$632.04	\$948.05
	family	\$2,133.12	\$853.25	\$1,279.87
	family/2 employees	\$2,133.12	\$316.02	\$1,817.10
	coverage dependent	\$869.05	\$869.05	\$0.00
CHP- MVP	Single	\$589.87	\$30.00	\$559.87
	2 person	\$1,179.74	\$231.69	\$948.05
	family	\$1,592.65	\$312.78	\$1,279.87
	family/2 employees	\$1,592.65	\$60.00	\$1,532.65
	coverage dependent	\$648.86	\$648.86	\$0.00