

2020 Medical/Dental/Vision/Mail Order Drug Active and COBRA Rates

***With Wellness Credit of \$48 per adult

	2020 Monthly Medical Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Traditional Medical PPO				
Active Contributions	\$147.29	\$327.33	\$260.51	\$440.56
Medical Rates	\$770.29	\$1733.15	\$1348.01	\$2310.87
COBRA Rates	\$785.69	\$1767.81	\$1374.97	\$2357.08

	2020 Monthly Dental Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + child(ren)
Cigna Traditional Dental				
Active Contributions	\$8.22	\$16.44	\$20.55	\$28.77
Dental Rates	\$41.10	\$82.20	\$102.75	\$143.85
COBRA Rates	\$41.92	\$83.84	\$104.80	\$146.72

	2020 Monthly Dental HMO Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Cigna Dental HMO				
Active Contributions	\$3.04	\$5.70	\$6.27	\$9.79
Dental Rates	\$15.20	\$28.50	\$31.38	\$48.99
COBRA Rates	\$15.50	\$29.07	\$32.00	\$49.96

(U.S. based)	2020 Monthly Vision Plan (VSP Care Plus) Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Active Contributions	\$14.82	\$23.12	\$27.71	\$37.06

(U.S. based)	2020 Monthly Vision Plan (UHC Care) Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Active Contributions	\$4.99	\$9.34	\$11.73	\$16.23

International (non-U.S. based)	2020 Monthly Vision Plan (UHC Care Plus) Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Active Contributions	\$8.48	\$15.70	\$19.73	\$27.48

International (non-U.S. based)	2020 Monthly Vision Plan (UHC Care) Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Active Contributions	\$4.99	\$9.34	\$11.73	\$16.23

	2020 CVS Mail Order Prescription Drug Rates	
	Generic	Name Brand
Co-pay for 90 day supply	\$30.00	\$95.00

2020 Monthly Medical Rates (Full Wellness Credits, No Spouse Surcharge)

Flight Attendants

	Wellness Credits	\$48.00	\$56.00	\$48.00	\$56.00
	Wellness Surcharge	\$0.00	\$50.00	\$0.00	\$50.00

Plan	Wellness Credits	Wellness Surcharge	Spouse	Child(ren)	Family	Only	Spouse	Child(ren)	Family	Only	Spouse	Child(ren)	Family	Only	Spouse	Child(ren)	Family	Only	Spouse	Child(ren)	Family	
14400	Core PPO	\$141.98	\$315.39	\$251.23	\$424.64	\$743.30	\$1,672.42	\$1,300.77	\$2,229.89	\$501.32	\$1,357.03	\$1,049.54	\$1,805.25	N/A	\$758.16	\$1,705.96	\$1,326.78	\$2,274.48				
14410	Adena Int Core PPO	\$141.98	\$315.39	\$251.23	\$424.64	\$743.30	\$1,672.42	\$1,300.77	\$2,229.89	\$501.32	\$1,357.03	\$1,049.54	\$1,805.25	N/A	\$758.16	\$1,705.96	\$1,326.78	\$2,274.48				
14420	Core HDHP	\$165.09	\$322.39	\$256.66	\$443.96	\$743.30	\$1,672.42	\$1,300.77	\$2,229.89	\$501.32	\$1,357.03	\$1,049.54	\$1,805.25	N/A	\$758.16	\$1,705.96	\$1,326.78	\$2,274.48				
14430	Core HDHP	\$139.21	\$307.14	\$246.36	\$416.31	\$743.30	\$1,672.42	\$1,300.77	\$2,229.89	\$501.32	\$1,357.03	\$1,049.54	\$1,805.25	N/A	\$758.16	\$1,705.96	\$1,326.78	\$2,274.48				
14500	Traditional Medical PPO	\$147.29	\$329.33	\$266.56	\$451.97	\$770.29	\$1,733.15	\$1,348.01	\$2,310.87	\$523.00	\$1,405.62	\$1,087.50	\$1,870.31	N/A	\$765.69	\$1,767.81	\$1,374.97	\$2,357.08				
14510	Adena Int Traditional PPO	\$147.29	\$329.33	\$266.56	\$451.97	\$770.29	\$1,733.15	\$1,348.01	\$2,310.87	\$523.00	\$1,405.62	\$1,087.50	\$1,870.31	N/A	\$765.69	\$1,767.81	\$1,374.97	\$2,357.08				
14540	Health Rewards PPO	\$151.27	\$335.88	\$267.70	\$452.03	\$775.02	\$1,733.29	\$1,347.78	\$2,310.87	\$523.00	\$1,405.62	\$1,087.50	\$1,870.31	N/A	\$765.69	\$1,767.81	\$1,374.97	\$2,357.08				
14550	Health Rewards PPO	\$92.62	\$204.78	\$165.08	\$277.23	\$661.46	\$1,488.16	\$1,157.46	\$1,984.31	\$468.78	\$1,263.39	\$992.30	\$1,708.98	N/A	\$658.97	\$1,433.21	\$1,114.51	\$1,910.93				
14300	PPO 350	\$160.06	\$356.62	\$283.10	\$479.65	\$762.70	\$1,715.08	\$1,324.73	\$2,288.10	\$507.44	\$1,369.56	\$1,051.61	\$1,888.55	N/A	\$777.65	\$1,750.40	\$1,361.42	\$2,333.66				
14320	PPO 750	\$191.79	\$391.68	\$323.67	\$508.11	\$740.70	\$1,665.67	\$1,295.22	\$2,172.03	\$498.45	\$1,374.68	\$1,063.55	\$1,838.68	N/A	\$758.91	\$1,698.98	\$1,322.14	\$2,266.53				
14350	PPO 1350	\$55.72	\$121.73	\$170.48	\$288.50	\$706.78	\$1,590.24	\$1,238.66	\$2,163.33	\$511.08	\$1,378.31	\$1,068.37	\$1,833.88	N/A	\$726.91	\$1,622.04	\$1,281.99	\$2,182.73				
15860	Pharmaco PPO	\$161.08	\$369.60	\$298.27	\$488.00	\$736.87	\$1,657.95	\$1,299.51	\$2,160.60	\$574.98	\$1,367.35	\$1,068.24	\$1,833.88	N/A	\$751.60	\$1,691.10	\$1,315.30	\$2,254.81				
15890	Gold EPO	\$127.75	\$283.60	\$228.54	\$382.60	\$704.15	\$1,594.33	\$1,232.26	\$2,112.44	\$570.31	\$1,303.53	\$1,005.72	\$1,729.84	N/A	\$718.23	\$1,616.01	\$1,266.90	\$2,154.68				
15970	Silver EPO	\$91.33	\$201.67	\$152.82	\$273.36	\$661.64	\$1,488.68	\$1,157.66	\$1,984.31	\$468.78	\$1,263.39	\$992.30	\$1,708.98	N/A	\$658.97	\$1,433.21	\$1,114.51	\$1,910.93				
3580	Bronze EPO	\$18.00	\$35.00	\$30.00	\$45.00	\$85.00	\$193.00	\$148.00	\$233.00	\$40.00	\$93.00	\$70.00	\$103.00	N/A	\$40.00	\$83.00	\$63.00	\$93.00				
13310	Anthem CO/HMO	\$145.56	\$323.45	\$257.48	\$435.37	\$760.67	\$1,711.29	\$1,301.13	\$2,230.51	\$61.25	\$1,356.69	\$1,044.44	\$1,805.25	N/A	\$758.91	\$1,745.51	\$1,367.62	\$2,307.35				
13310	BUSINESS LHO	\$142.25	\$316.99	\$258.61	\$432.45	\$743.50	\$1,672.88	\$1,301.13	\$2,230.51	\$61.25	\$1,356.69	\$1,044.44	\$1,805.25	N/A	\$758.91	\$1,745.51	\$1,367.62	\$2,307.35				
13170	Adena Select AZ	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
13180	Adena Select Buffalo	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
13230	Adena Select NCA	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
13240	Adena Select SCA	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
13250	Adena Select DTX	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
13150	Adena Select FL	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
13130	Adena Select MA	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
13190	Adena Select Mid-Atlantic	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
12990	Adena Select MN	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
13100	Adena Select NC	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
13120	Adena Select NJ	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
13180	Adena Select NY	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
13110	Adena Select NY	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
13140	Adena Select PA	\$191.79	\$407.90	\$338.61	\$574.72	\$767.42	\$1,726.69	\$1,342.98	\$2,302.26	\$75.63	\$1,268.79	\$1,004.37	\$1,727.54	N/A	\$762.76	\$1,761.22	\$1,369.83	\$2,348.30				
3621	MetLife Carm/HMO	\$141.28	\$313.84	\$250.01	\$428.77	\$726.30	\$1,603.43	\$1,250.78	\$2,217.31	\$59.02	\$1,349.59	\$1,043.71	\$1,795.34	N/A	\$754.08	\$1,696.59	\$1,319.65	\$2,262.26				
3611	MetLife Carm PPO	\$109.79	\$243.40	\$195.11	\$328.73	\$758.19	\$1,705.92	\$1,306.83	\$2,274.56	\$64.40	\$1,462.52	\$1,131.72	\$1,845.83	N/A	\$773.35	\$1,740.03	\$1,325.95	\$2,300.05				
3651	MetLife Carm/Health Plan Plus	\$109.79	\$243.40	\$195.11	\$328.73	\$758.19	\$1,705.92	\$1,306.83	\$2,274.56	\$64.40	\$1,462.52	\$1,131.72	\$1,845.83	N/A	\$773.35	\$1,740.03	\$1,325.95	\$2,300.05				
3650	MetLife Carm/Health Plan Plus	\$109.79	\$243.40	\$195.11	\$328.73	\$758.19	\$1,705.92	\$1,306.83	\$2,274.56	\$64.40	\$1,462.52	\$1,131.72	\$1,845.83	N/A	\$773.35	\$1,740.03	\$1,325.95	\$2,300.05				
3651	Adena International Indemnity	\$404.86	\$907.33	\$711.49	\$1,213.95	\$996.80	\$2,242.78	\$1,744.35	\$3,069.26	\$591.84	\$1,335.47	\$1,023.90	\$1,775.44	N/A	\$1,018.73	\$2,287.84	\$1,779.27	\$3,050.19				
13560	Kaiser Abalone HMO	\$145.22	\$322.67	\$256.88	\$434.55	\$645.76	\$1,642.00	\$1,197.11	\$1,949.33	\$54.56	\$1,139.33	\$80.23	\$1,141.98	\$44.78	\$645.78	\$1,491.24	\$1,159.65	\$1,688.91				
3654	Kaiser Abalone HMO - Opt A	\$153.86	\$342.12	\$272.01	\$460.27	\$731.97	\$1,646.02	\$1,200.24	\$2,194.69	\$57.71	\$1,303.90	\$1,008.23	\$1,734.42	\$71.97	\$731.97	\$1,646.02	\$1,200.24	\$2,194.69				
3654	Kaiser Abalone HMO - Opt B	\$140.14	\$311.25	\$249.00	\$419.12	\$684.65	\$1,495.45	\$1,163.13	\$1,963.93	\$54.51	\$1,184.20	\$85.13	\$1,174.81	\$64.65	\$731.97	\$1,495.45	\$1,163.13	\$1,963.93				
3654	Kaiser Abalone HMO - Opt B	\$159.24	\$354.24	\$281.44	\$476.44	\$726.11	\$1,638.25	\$1,274.19	\$2,184.33	\$58.87	\$1,284.01	\$92.75	\$1,707.89	\$78.11	\$726.11	\$1,638.25	\$1,274.19	\$2,184.33				
3654	Kaiser Abalone HMO - Opt B	\$141.31	\$313.89	\$250.05	\$428.63	\$677.60	\$1,524.60	\$1,185.80	\$2,032.60	\$58.28	\$1,210.71	\$85.75	\$1,510.17	\$67.60	\$677.60	\$1,524.60	\$1,185.80	\$2,032.60				
3654	Kaiser Abalone HMO - Opt B	\$159.24	\$354.24	\$281.44	\$476.44	\$726.11	\$1,638.25	\$1,274.19	\$2,184.33	\$58.87	\$1,284.01	\$92.75	\$1,707.89	\$78.11	\$726.11	\$1,638.25	\$1,274.19	\$2,184.33				
3654	Kaiser Abalone HMO - Opt B	\$141.31	\$313.89	\$250.05	\$428.63	\$677.60	\$1,524.60	\$1,185.80	\$2,032.60	\$58.28	\$1,210.71	\$85.75	\$1,510.17	\$67.60	\$677.60	\$1,524.60	\$1,185.80	\$2,032.60				
3654	Kaiser Abalone HMO - Opt B	\$159.24	\$354.24	\$281.44	\$476.44	\$726.11	\$1,638.25	\$1,274.19	\$2,184.33	\$58.87	\$1,284.01	\$92.75	\$1,707.89	\$78.11	\$726.11	\$1,638.25	\$1,274.19	\$2,184.33				
3654	Kaiser Abalone HMO - Opt B	\$141.31	\$313.89	\$250.05	\$428.63	\$677.60	\$1,524.60	\$1,185.80	\$2,032.60	\$58.28	\$1,210.71	\$85.75	\$1,510.17	\$67.60	\$677.60	\$1,524.60	\$1,185.80	\$2,032.60				
3654	Kaiser Abalone HMO - Opt B	\$159.24	\$354.24	\$281.44	\$476.44	\$726.11	\$1,638.25	\$1,274.19	\$2,184.33	\$58.87	\$1,284.01	\$92.75	\$1,707.89	\$78.11	\$726.11	\$1,638.25	\$1,274.19	\$2,184.33				
3654	Kaiser Abalone HMO - Opt B	\$141.31	\$313.89	\$250.05	\$428.63	\$677.60	\$1,524.60	\$1,185.80	\$2,032.60	\$58.28	\$1,210.71	\$85.75	\$1,510.17	\$67.60	\$677.60	\$1,524.60	\$1,185.80	\$2,032.60				
3654	Kaiser Abalone HMO - Opt B	\$159.24	\$354.24	\$281.44	\$476.44	\$726.11	\$1,638.25	\$1,274.19	\$2,184.33	\$58.87	\$1,284.01	\$92.75	\$1,707.89	\$78.11	\$726.11	\$1,638.25	\$1,274.19	\$2,184.33				
3654	Kaiser Abalone HMO - Opt B	\$141.31	\$313.89	\$250.05	\$428.63	\$677.60	\$1,524.60	\$1,185.80	\$2,032.60	\$58.28	\$1,210.71	\$85.75	\$1,510.17	\$67.60	\$677.60	\$1,524.60	\$1,185.80	\$2,032.60				
3654	Kaiser Abalone HMO - Opt B	\$159.24	\$354.24	\$281.44	\$476.44	\$726.11	\$1,638.25	\$1,274.19	\$2,184.33	\$58.87												

2020 Monthly Dental Rates

Flight Attendants

Option #	Name of Plan	Additional Criteria	Employee Contributions			Total Family			Employee Subsidy			CERFAA Entitlements						
			You Only	You + Spouse	You + Child(mn)	You Only	You + Spouse	You + Child(mn)	You Only	You + Spouse	You + Child(mn)	You + Spouse	You + Child(mn)	You + Family				
3950	Cigna DHMO		\$3.04	\$5.70	\$6.27	\$9.79	\$15.20	\$28.50	\$31.38	\$48.89	\$12.16	\$22.80	\$25.11	\$39.20	\$15.50	\$29.07	\$32.00	\$49.96
3961	HMSA Dental HMO	State code HI	\$8.04	\$16.89	\$15.29	\$24.14	\$40.24	\$84.48	\$78.46	\$120.72	\$32.20	\$67.59	\$61.17	\$96.58	\$41.04	\$86.16	\$77.98	\$123.13
3971	HMSA Dental PPP	State code HI	\$8.04	\$16.89	\$15.29	\$24.14	\$40.24	\$84.48	\$78.46	\$120.72	\$32.20	\$67.59	\$61.17	\$96.58	\$41.04	\$86.16	\$77.98	\$123.13
3981	HMSA Dental HMO	CMI with state code HI only	\$7.26	\$15.25	\$13.80	\$21.79	\$36.34	\$76.26	\$69.04	\$108.98	\$29.08	\$61.01	\$55.24	\$87.19	\$37.06	\$77.78	\$70.42	\$111.15
3991	HMSA Dental PPP	CMI with state code HI only	\$7.26	\$15.25	\$13.80	\$21.79	\$36.34	\$76.26	\$69.04	\$108.98	\$29.08	\$61.01	\$55.24	\$87.19	\$37.06	\$77.78	\$70.42	\$111.15
3901	TakeCare Dental Guam	CMI only	\$10.80	\$22.68	\$20.52	\$32.40	\$54.01	\$113.42	\$102.63	\$162.04	\$43.21	\$90.74	\$82.11	\$129.84	\$55.09	\$115.68	\$104.68	\$165.28
3911	TakeCare Dental Saipan	CMI only	\$10.80	\$22.68	\$20.52	\$32.40	\$54.01	\$113.42	\$102.63	\$162.04	\$43.21	\$90.74	\$82.11	\$129.84	\$55.09	\$115.68	\$104.68	\$165.28
3960	Preventive DPPPO		\$4.49	\$8.98	\$11.23	\$15.72	\$27.46	\$44.93	\$56.16	\$78.63	\$17.87	\$35.65	\$44.93	\$62.91	\$22.90	\$46.82	\$57.28	\$80.20
3975	Intl Preventive DPPPO		\$4.49	\$8.98	\$11.23	\$15.72	\$27.46	\$44.93	\$56.16	\$78.63	\$17.87	\$35.65	\$44.93	\$62.91	\$22.90	\$46.82	\$57.28	\$80.20
3970	Premium DPPPO		\$7.83	\$15.66	\$19.58	\$27.41	\$39.16	\$78.32	\$97.90	\$137.06	\$31.33	\$62.66	\$78.32	\$108.65	\$39.94	\$79.88	\$99.85	\$159.80
3985	Intl Premium DPPPO		\$7.83	\$15.66	\$19.58	\$27.41	\$39.16	\$78.32	\$97.90	\$137.06	\$31.33	\$62.66	\$78.32	\$108.65	\$39.94	\$79.88	\$99.85	\$159.80
3980	TraditionalCare DPPPO		\$8.22	\$16.44	\$20.55	\$28.77	\$41.10	\$82.20	\$102.75	\$143.65	\$32.88	\$65.76	\$82.20	\$115.08	\$41.92	\$83.84	\$104.80	\$146.72
3990	Intl TraditionalCare DPPPO		\$8.22	\$16.44	\$20.55	\$28.77	\$41.10	\$82.20	\$102.75	\$143.65	\$32.88	\$65.76	\$82.20	\$115.08	\$41.92	\$83.84	\$104.80	\$146.72

2020 Monthly Vision Rates

Flight Attendants

Monthly Rates		Name of Plan	Additional Criteria	Employee Contributions/Total Rates				COBRA Premiums			
Option ID	You Only			You + Spouse	You + Child(ren)	You + Family	You Only	You + Spouse	You + Child(ren)	You + Family	
3925	UHC Vision Care Plan	US-based employees	\$4.99	\$9.34	\$11.73	\$16.23	\$5.08	\$9.52	\$11.96	\$16.55	
3935	VSP Vision Care Plus Plan	US-based employees	\$14.82	\$23.12	\$27.71	\$37.06	\$15.11	\$23.58	\$28.26	\$37.80	
3945	UHC International Vision Care Plan	Non-US-based employees	\$4.99	\$9.34	\$11.73	\$16.23	\$5.08	\$9.52	\$11.96	\$16.55	
3955	UHC International Vision Care Plus Plan	Non-US-based employees	\$8.48	\$15.70	\$19.73	\$27.48	\$8.64	\$16.01	\$20.12	\$28.02	