



IAIA - 2020 MEDICAL/DENTAL/VISION RATES

	Employee 2020 Premium Per Pay Period (24 PP)	Employee 2020 Monthly Portion	IAIA's Monthly Portion	Total Monthly Benefit Premium	2020Annual Employee Benefit Cost	Annual IAIA Benefit Cost	Total Annual Benefit Premium
MEDICAL - CIGNA							
Employee Only	\$44.63	\$89.25	\$695.50	\$784.75	\$1,071.00	\$8,346.00	\$9,417.00
Employee + 1 Dependent	\$350.96	\$701.92	\$789.08	\$1,491.00	\$8,423.04	\$9,468.96	\$17,892.00
Employee + Family	\$482.74	\$965.48	\$1,271.52	\$2,237.00	\$11,585.76	\$15,258.24	\$26,844.00
DENTAL - CIGNA							
Employee Only - (Subsidized 100% by IAIA for EE Only)	\$0.00	\$0.00	\$39.24	\$39.24	\$0.00	\$470.88	\$470.88
Employee + Spouse	\$20.19	\$40.37	\$39.24	\$79.61	\$484.44	\$470.88	\$955.32
Employee + Child(ren)	\$25.30	\$50.60	\$39.24	\$89.84	\$607.20	\$470.88	\$1,078.08
Employee + Family	\$50.17	\$100.34	\$39.24	\$139.58	\$1,204.08	\$470.88	\$1,674.96
VISION - METLIFE							
Employee Only - (Subsidized 100% by IAIA for EE Only)	\$0.00	\$0.00	\$8.00	\$8.00	\$0.00	\$96.00	\$96.00
Employee + 1 Dependent	\$3.53	\$7.06	\$8.00	\$15.06	\$84.72	\$96.00	\$180.72
Employee + Family	\$6.72	\$13.43	\$8.00	\$21.43	\$161.16	\$96.00	\$257.16
ALL BENEFITS ARE CHARGED ON 24 PAY PERIODS PER YEAR							