



IAIA - 2019 MEDICAL/DENTAL/VISION RATES

	Employee 2019 Premium Per Pay Period (24 PP)	E-MB & DP1 Employee 2019 Monthly Portion	E-CP IAIA's Monthly Portion	Total Monthly Benefit Premium	2019 Annual Employee Benefit Cost	Annual IAIA Benefit Cost	Total Annual Benefit Premium
MEDICAL - CIGNA							
Employee Only	\$43.12	\$86.23	\$727.36	\$813.59	\$1,034.76	\$8,728.32	\$9,763.08
Employee + 1 Dependent	\$339.09	\$678.18	\$746.52	\$1,424.70	\$8,138.16	\$8,958.24	\$17,096.40
Employee + Family	\$473.28	\$946.56	\$1,190.51	\$2,137.07	\$11,358.72	\$14,286.12	\$25,644.84
DENTAL - CIGNA							
		E-DB	E-DN				
Employee Only - (Subsidized 100% by IAIA for EE Only)	\$0.00	\$0.00	\$37.02	\$37.02	\$0.00	\$444.24	\$444.24
Employee + Spouse	\$19.04	\$38.08	\$37.02	\$75.10	\$456.96	\$444.24	\$901.20
Employee + Child(ren)	\$23.87	\$47.73	\$37.02	\$84.75	\$572.76	\$444.24	\$1,017.00
Employee + Family	\$47.33	\$94.66	\$37.02	\$131.68	\$1,135.92	\$444.24	\$1,580.16
VISION - METLIFE							
		E-VB	E-VP				
Employee Only - (Subsidized 100% by IAIA for EE Only)	\$0.00	\$0.00	\$7.62	\$7.62	\$0.00	\$91.44	\$91.44
Employee + 1 Dependent	\$3.36	\$6.72	\$7.62	\$14.34	\$80.64	\$91.44	\$172.08
Employee + Family	\$6.40	\$12.79	\$7.62	\$20.41	\$153.48	\$91.44	\$244.92
ALL BENEFITS ARE CHARGED ON 24 PAY PERIODS PER YEAR							