



## 2020 SCS HEALTH PLAN RATES - UNPAID LEAVE OF ABSENCE

### Employee Contributions

Medical Plan	20-Pay Premiums		24-Pay Premiums	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<b>OAP IN-NETWORK PLUS Option</b>				
Employee	\$125.81	\$155.81	\$104.85	\$129.85
Employee + 1	\$280.39	\$310.39	\$233.66	\$258.66
Family	\$391.13	\$421.13	\$325.95	\$350.95
<b>OAP BASIC Option</b>				
Employee	\$88.09	\$118.09	\$73.41	\$98.41
Employee + 1	\$215.32	\$245.32	\$179.43	\$204.43
Family	\$300.36	\$330.36	\$250.30	\$275.30
<b>CHOICE FUND HRA Option</b>				
Employee	\$55.80	\$85.80	\$46.50	\$71.50
Employee + 1	\$147.76	\$177.76	\$123.13	\$148.13
Family	\$206.12	\$236.12	\$171.77	\$196.77

Dental Plan	20-Pay Premiums		24-Pay Premiums	
	<b>DPPO (\$2,000) Option</b>			
Employee	\$25.62		\$21.35	
Employee + 1	\$53.80		\$44.84	
Family	\$76.86		\$64.05	
<b>DPPO (\$1,500) Option</b>				
Employee	\$15.48		\$12.90	
Employee + 1	\$32.50		\$27.09	
Family	\$46.43		\$38.69	
<b>DEPO IN-NETWORK ONLY Option</b>				
Employee	\$11.41		\$9.51	
Employee + 1	\$23.95		\$19.96	
Family	\$34.22		\$28.52	

Vision Plan	20-Pay Premiums		24-Pay Premiums	
	Employee	\$3.06		\$2.55
Employee + 1	\$5.86		\$4.89	
Family	\$9.50		\$7.92	

**LIFE INSURANCE:** Please check the employee portal for your life insurance premium amount

Please submit a check or money order for your health and life insurance to the SCS Benefits Office:

SCS Office of Benefits/Compensation

160 S. Hollywood Rm. 108

Memphis, TN 38112

**PLEASE NOTE:** Failure to pay insurance premiums while on leave of absence may result in termination of insurance coverage. Rates effective: 1/01/2020 – 12/31/2020.