2027

Geauga County and Employee

Healthcare, Dental & Vision Contribution Rates

CEBCO/ANTHEM Medical & Rx Wellness Rates						
Type	Coverage	Monthly Premium	County Portion Monthly	County Portion Bi-Monthly	Employee Monthly	Employee Bi-monthly
1F-F (ANTE-F)	Family	$ 2,239.12	$ 2,027.12	$ 1,013.56	$ 212.00	$ 106.00
1F-S (ANTE-S)	Single	$ 849.46	$ 764.46	$ 382.23	$ 85.00	$ 42.50
CEBCO/ANTHEM HSA Wellness Rates						
Type	Coverage	Monthly Premium	County Portion Monthly	County Portion Bi-Monthly	Employee Monthly	Employee Bi-Monthly
E1-F (ANTE-F)	Family	$ 2,164.06	$ 1,962.06	$ 981.03	$ 202.00	$ 101.00
E1-S (ANTE-S)	Single	$ 820.96	$ 738.96	$ 369.48	$ 82.00	$ 41.00

CEBCO/ANTHEM Medical & Rx Standard Rates						
Type	Coverage	Monthly Premium	County Portion Monthly	County Portion Bi-Monthly	Employee Monthly	Employee Bi-Monthly
1FS-F (AES-F)	Family	$ 2,239.12	$ 1,930.12	$ 965.06	$ 309.00	$ 154.50
1FS-S (AES-S)	Single	$ 849.46	$ 724.46	$ 362.23	$ 125.00	$ 62.50
CEBCO/ANTHEM HSA Standard Rates						
Type	Coverage	Monthly Premium	County Portion Monthly	County Portion Bi-Monthly	Employee Monthly	Employee Bi-Monthly
E1S-F (AES-F)	Family	$ 2,164.06	$ 1,865.06	$ 932.53	$ 299.00	$ 149.50
E1S-S (AES-F)	Single	$ 820.96	$ 699.96	$ 349.98	$ 121.00	$ 60.50

CEBCO/Delta Dental Rates						
Type	Coverage	Monthly Premium	County Portion Monthly	County Portion Bi-Monthly	Employee Monthly	Employee Bi-Monthly
DDP	Family	$ 80.76	$ 80.76	$ 40.38	$ -	$ -
DDP	Single	$ 28.34	$ 28.34	$ 14.17	$ -	$ -

Vision/ VSP						
Type	Coverage	Monthly Premium	County Portion Monthly	County Portion Bi-Monthly	Employee Monthly	Employee Bi-Monthly
VSP	Family	$ 14.80	$ 3.00	$ 1.50	$ 11.80	$ 5.90
VSP	Single	$ 6.90	$ 1.40	$ 0.70	$ 5.50	$ 2.75

Geauga County Waivers		
Type of Waiver	Family	Single
All: Medical, Prescription & Dental	$ 3,504.00	$ 1,872.00
Partial: Medical & Prescription Only	$ 3,300.00	$ 1,548.00

According to Ohio Revised Code 305.171, a cash payment to an officer or County employee in lieu of providing health insurance must not exceed twenty-five percent of the cost of premiums or payments that otherwise would be paid by the County.

When both husband and wife are Geauga County employees and eligible for coverage under the County group plans, both shall either carry single coverage or if there are more than two dependents, both shall be covered by one family plan. The waiver option will not apply.

(Geauga County Personnel Policy and Procedure manual, Section 5.Benefits, Revised 1/1/2007)

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