SAN PATRI	CIO CO. MEDICA	AL, DENTAL,AND	D LIFE INSUF	RANCE
	20	25 RATES		
MEDICAL - PLAN	A			
			MONTHLY	YEARLY
	EMPLOYEE MTHLY	PER	EMPLOYER	EMPLOYER
	PREMIUM	PAY	CONTRIBUTION	CONTRIBUTION
EMPLOYEE ONLY	\$17.00	\$8.50	\$633.00	\$7,596.00
EMPLOYEE/SPOUSE	\$319.00	\$159.50	\$691.00	\$8,292.00
EMPLOYEE/CHLD(REN)	\$288.00	\$144.00	\$691.00	\$8,292.00
EMPLOYEE/FAMILY	\$584.00	\$292.00	\$691.00	\$8,292.00
DENTAL - OPTION	IAL PLAN FULLY	Y PAID BY EMPL	OYEE	
EMPLOYEE ONLY	\$29.00	\$14.50		
EMPLOYEE/SPOUSE	\$55.00	\$27.50		
EMPLOYEE/CHILD/REN	\$49.00	\$24.50		
EMPLOYEE/FAMILY	\$73.00	\$36.50		
LIFE		SUPPLEMENTAL RATES		
COUNTY FUNDED		PAID BY EMPLOYEE		
12,000 - LIFE	\$2.02	29 /UNDER	\$.05/\$1,000	
12,000 - AD&D	\$0.32	30-34	\$.08/\$1,000	
	\$2.34	35-39	\$.09/\$1,000	
		40-44	\$.14/\$1,000	
		45-49	\$.25/\$1,000	
		50-54	\$.41/\$1,000	
		55-59	\$.83/\$1,000	
		60-64	\$.88/\$1,000	
		65-69	\$1.54/\$1,000	
		70-74	\$2.19/\$1,000	
		75+	\$3.65/\$1,000	
Approved by CC 11/04/20	24			