

2020 Medical Plan Rates

These 2020 Medical Plan Rates are applicable to you if you are an employee classified on payroll as a US regular employee of Marsh & McLennan Agency LLC - Northeast (MMA-Northeast) or Security Insurance Services of Marsh & McLennan Agency.

The employee contributions listed here are generally for active employees who participate in the Company's health care program. Contributions that apply to other participants (such as retirees, those who have elected COBRA and employees of companies with different contribution structures) will be communicated separately.

For information about the HealthyMe, Blended and Standard medical plan contribution rates, please see the **FAQs About KYNs and HealthyMe**.

KEY

HealthyMe rate	Blended rate	Standard rate
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AETNA								
Coverage Level	Employee Only		Employee + Spouse/ Domestic Partner		Employee + Child(ren)		Employee + Family	
Option	Broad Network	Narrow Network	Broad Network	Narrow Network	Broad Network	Narrow Network	Broad Network	Narrow Network
\$400 Deductible Plan	\$100.96 per pay period	\$98.81 per pay period	\$363.46 per pay period	\$355.71 per pay period	\$269.23 per pay period	\$263.49 per pay period	\$471.15 per pay period	\$461.10 per pay period
	\$2,423.04 per year	\$2,371.44 per year	\$8,722.92 per year	\$8,537.04 per year	\$6,461.40 per year	\$6,323.76 per year	\$11,307.48 per year	\$11,066.40 per year
	\$100.96 per pay period	\$98.81 per pay period	\$388.46 per pay period	\$380.71 per pay period	\$269.23 per pay period	\$263.49 per pay period	\$496.15 per pay period	\$486.10 per pay period
	\$2,423.04 per year	\$2,371.44 per year	\$9,322.92 per year	\$9,137.04 per year	\$6,461.40 per year	\$6,323.76 per year	\$11,907.48 per year	\$11,666.40 per year
	\$125.96 per pay period	\$123.81 per pay period	\$413.46 per pay period	\$405.71 per pay period	\$294.23 per pay period	\$288.49 per pay period	\$521.15 per pay period	\$511.10 per pay period
	\$3,023.04 per year	\$2,971.44 per year	\$9,922.92 per year	\$9,737.04 per year	\$7,061.40 per year	\$6,923.76 per year	\$12,507.48 per year	\$12,266.40 per year
\$900 Deductible Plan	\$93.61 per pay period	\$91.62 per pay period	\$337.00 per pay period	\$329.82 per pay period	\$249.63 per pay period	\$244.31 per pay period	\$436.85 per pay period	\$427.54 per pay period
	\$2,246.64 per year	\$2,198.76 per year	\$8,088.00 per year	\$7,915.68 per year	\$5,991.12 per year	\$5,863.44 per year	\$10,484.40 per year	\$10,260.96 per year
	\$93.61 per pay period	\$91.62 per pay period	\$362.00 per pay period	\$354.82 per pay period	\$249.63 per pay period	\$244.31 per pay period	\$461.85 per pay period	\$452.54 per pay period
	\$2,246.64 per year	\$2,198.76 per year	\$8,688.00 per year	\$8,515.68 per year	\$5,991.12 per year	\$5,863.44 per year	\$11,084.40 per year	\$10,860.96 per year
	\$118.61 per pay period	\$116.62 per pay period	\$387.00 per pay period	\$379.82 per pay period	\$274.63 per pay period	\$269.31 per pay period	\$486.85 per pay period	\$477.54 per pay period
	\$2,846.64 per year	\$2,798.76 per year	\$9,288.00 per year	\$9,115.68 per year	\$6,591.12 per year	\$6,463.44 per year	\$11,684.40 per year	\$11,460.96 per year

AETNA								
Coverage Level	Employee Only		Employee + Spouse/ Domestic Partner		Employee + Child(ren)		Employee + Family	
Option	Broad Network	Narrow Network	Broad Network	Narrow Network	Broad Network	Narrow Network	Broad Network	Narrow Network
\$1,500 Deductible Plan	\$43.30 per pay period	\$42.38 per pay period	\$311.78 per pay period	\$305.13 per pay period	\$202.08 per pay period	\$197.77 per pay period	\$404.15 per pay period	\$395.54 per pay period
	\$1,039.20 per year	\$1,017.12 per year	\$7,482.60 per year	\$7,323.00 per year	\$4,849.80 per year	\$4,746.48 per year	\$9,699.60 per year	\$9,492.84 per year
	\$43.30 per pay period	\$42.38 per pay period	\$336.78 per pay period	\$330.13 per pay period	\$202.08 per pay period	\$197.77 per pay period	\$429.15 per pay period	\$420.54 per pay period
	\$1,039.20 per year	\$1,017.12 per year	\$8,082.60 per year	\$7,923.00 per year	\$4,849.80 per year	\$4,746.48 per year	\$10,299.60 per year	\$10,092.84 per year
	\$68.30 per pay period	\$67.38 per pay period	\$361.78 per pay period	\$355.13 per pay period	\$227.08 per pay period	\$222.77 per pay period	\$454.15 per pay period	\$445.54 per pay period
	\$1,639.20 per year	\$1,617.12 per year	\$8,682.60 per year	\$8,523.00 per year	\$5,449.80 per year	\$5,346.48 per year	\$10,899.60 per year	\$10,692.84 per year
\$2,850 Deductible Plan	\$24.42 per pay period	\$23.90 per pay period	\$243.30 per pay period	\$238.12 per pay period	\$152.07 per pay period	\$148.83 per pay period	\$310.46 per pay period	\$303.85 per pay period
	\$586.08 per year	\$573.60 per year	\$5,839.20 per year	\$5,714.76 per year	\$3,649.56 per year	\$3,571.80 per year	\$7,451.04 per year	\$7,292.28 per year
	\$24.42 per pay period	\$23.90 per pay period	\$268.30 per pay period	\$263.12 per pay period	\$152.07 per pay period	\$148.83 per pay period	\$335.46 per pay period	\$328.85 per pay period
	\$586.08 per year	\$573.60 per year	\$6,439.20 per year	\$6,314.76 per year	\$3,649.56 per year	\$3,571.80 per year	\$8,051.04 per year	\$7,892.28 per year
	\$49.42 per pay period	\$48.90 per pay period	\$293.30 per pay period	\$288.12 per pay period	\$177.07 per pay period	\$173.83 per pay period	\$360.46 per pay period	\$353.85 per pay period
	\$1,186.08 per year	\$1,173.60 per year	\$7,039.20 per year	\$6,914.76 per year	\$4,249.56 per year	\$4,171.80 per year	\$8,651.04 per year	\$8,492.28 per year

Note: Per-pay-period rates are semimonthly.

UNITEDHEALTHCARE

Coverage Level	Employee Only		Employee + Spouse/ Domestic Partner		Employee + Child(ren)		Employee + Family	
Option	Broad Network	Narrow Network	Broad Network	Narrow Network	Broad Network	Narrow Network	Broad Network	Narrow Network
\$400 Deductible Plan	\$100.96 per pay period	\$98.81 per pay period	\$363.46 per pay period	\$355.71 per pay period	\$269.23 per pay period	\$263.49 per pay period	\$471.15 per pay period	\$461.10 per pay period
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UNITEDHEALTHCARE

Coverage Level	Employee Only		Employee + Spouse/ Domestic Partner		Employee + Child(ren)		Employee + Family	
	Broad Network	Narrow Network	Broad Network	Narrow Network	Broad Network	Narrow Network	Broad Network	Narrow Network
\$2,850 Deductible Plan	\$24.42 per pay period	\$23.90 per pay period	\$243.30 per pay period	\$238.12 per pay period	\$152.07 per pay period	\$148.83 per pay period	\$310.46 per pay period	\$303.85 per pay period
	\$586.08 per year	\$573.60 per year	\$5,839.20 per year	\$5,714.76 per year	\$3,649.56 per year	\$3,571.80 per year	\$7,451.04 per year	\$7,292.28 per year
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	\$1,186.08 per year	\$1,173.60 per year	\$7,039.20 per year	\$6,914.76 per year	\$4,249.56 per year	\$4,171.80 per year	\$8,651.04 per year	\$8,492.28 per year

Note: Per-pay-period rates are semimonthly.

ANTHEM				
Coverage Level	Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Employee + Family
Option	Broad Network	Broad Network	Broad Network	Broad Network
\$400 Deductible Plan	\$100.96 per pay period	\$363.46 per pay period	\$269.23 per pay period	\$471.15 per pay period
	\$2,423.04 per year	\$8,722.92 per year	\$6,461.40 per year	\$11,307.48 per year
	\$100.96 per pay period	\$388.46 per pay period	\$269.23 per pay period	\$496.15 per pay period
	\$2,423.04 per year	\$9,322.92 per year	\$6,461.40 per year	\$11,907.48 per year
	\$125.96 per pay period	\$413.46 per pay period	\$294.23 per pay period	\$521.15 per pay period
	\$3,023.04 per year	\$9,922.92 per year	\$7,061.40 per year	\$12,507.48 per year
\$900 Deductible Plan	\$93.61 per pay period	\$337.00 per pay period	\$249.63 per pay period	\$436.85 per pay period
	\$2,246.64 per year	\$8,088.00 per year	\$5,991.12 per year	\$10,484.40 per year
	\$93.61 per pay period	\$362.00 per pay period	\$249.63 per pay period	\$461.85 per pay period
	\$2,246.64 per year	\$8,688.00 per year	\$5,991.12 per year	\$11,084.40 per year
	\$118.61 per pay period	\$387.00 per pay period	\$274.63 per pay period	\$486.85 per pay period
	\$2,846.64 per year	\$9,288.00 per year	\$6,591.12 per year	\$11,684.40 per year
\$1,500 Deductible Plan	\$43.30 per pay period	\$311.78 per pay period	\$202.08 per pay period	\$404.15 per pay period
	\$1,039.20 per year	\$7,482.60 per year	\$4,849.80 per year	\$9,699.60 per year
	\$43.30 per pay period	\$336.78 per pay period	\$202.08 per pay period	\$429.15 per pay period
	\$1,039.20 per year	\$8,082.60 per year	\$4,849.80 per year	\$10,299.60 per year
	\$68.30 per pay period	\$361.78 per pay period	\$227.08 per pay period	\$454.15 per pay period
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	\$586.08 per year	\$6,439.20 per year	\$3,649.56 per year	\$8,051.04 per year
	\$49.42 per pay period	\$293.30 per pay period	\$177.07 per pay period	\$360.46 per pay period
	\$1,186.08 per year	\$7,039.20 per year	\$4,249.56 per year	\$8,651.04 per year

Note: Per-pay-period rates are semimonthly.

KAISER				
Coverage Level	Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Employee + Family
\$400 Deductible Plan	\$100.96 per pay period	\$363.46 per pay period	\$269.23 per pay period	\$471.15 per pay period
	\$2,423.04 per year	\$8,722.92 per year	\$6,461.40 per year	\$11,307.48 per year
	\$100.96 per pay period	\$388.46 per pay period	\$269.23 per pay period	\$496.15 per pay period
	\$2,423.04 per year	\$9,322.92 per year	\$6,461.40 per year	\$11,907.48 per year
	\$125.96 per pay period	\$413.46 per pay period	\$294.23 per pay period	\$521.15 per pay period
	\$3,023.04 per year	\$9,922.92 per year	\$7,061.40 per year	\$12,507.48 per year
\$900 Deductible Plan	\$93.61 per pay period	\$337.00 per pay period	\$249.63 per pay period	\$436.85 per pay period
	\$2,246.64 per year	\$8,088.00 per year	\$5,991.12 per year	\$10,484.40 per year
	\$93.61 per pay period	\$362.00 per pay period	\$249.63 per pay period	\$461.85 per pay period
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	\$118.61 per pay period	\$387.00 per pay period	\$274.63 per pay period	\$486.85 per pay period
	\$2,846.64 per year	\$9,288.00 per year	\$6,591.12 per year	\$11,684.40 per year
\$1,500 Deductible Plan	\$43.30 per pay period	\$311.78 per pay period	\$202.08 per pay period	\$404.15 per pay period
	\$1,039.20 per year	\$7,482.60 per year	\$4,849.80 per year	\$9,699.60 per year
	\$43.30 per pay period	\$336.78 per pay period	\$202.08 per pay period	\$429.15 per pay period
	\$1,039.20 per year	\$8,082.60 per year	\$4,849.80 per year	\$10,299.60 per year
	\$68.30 per pay period	\$361.78 per pay period	\$227.08 per pay period	\$454.15 per pay period
	\$1,639.20 per year	\$8,682.60 per year	\$5,449.80 per year	\$10,899.60 per year
\$2,850 Deductible Plan	\$24.42 per pay period	\$243.30 per pay period	\$152.07 per pay period	\$310.46 per pay period
	\$586.08 per year	\$5,839.20 per year	\$3,649.56 per year	\$7,451.04 per year
	\$24.42 per pay period	\$268.30 per pay period	\$152.07 per pay period	\$335.46 per pay period
	\$586.08 per year	\$6,439.20 per year	\$3,649.56 per year	\$8,051.04 per year
	\$49.42 per pay period	\$293.30 per pay period	\$177.07 per pay period	\$360.46 per pay period
	\$1,186.08 per year	\$7,039.20 per year	\$4,249.56 per year	\$8,651.04 per year

HMSA HEALTH PLAN (Hawaii Residents Only)				
Coverage Level	Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Employee + Family
Hawaii Plus HMO (Hawaii HMO)	\$21.87 per pay period	\$385.19 per pay period	\$308.32 per pay period	\$554.77 per pay period
	\$524.88 per year	\$9,244.56 per year	\$7,399.68 per year	\$13,314.48 per year
HMSA Preferred Provider Plan (Hawaii PPP)	\$21.87 per pay period	\$292.23 per pay period	\$230.46 per pay period	\$418.97 per pay period
	\$524.88 per year	\$7,013.40 per year	\$5,530.92 per year	\$10,055.16 per year

Note: Per-pay-period rates are semimonthly.

2020 Dental Plan and Vision Plan Rates

The chart below shows the rates for each coverage level available in 2020.

Coverage Level	Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Employee + Family
Dental Plan – Standard	\$7.87 per pay period	\$18.89 per pay period	\$15.74 per pay period	\$27.54 per pay period
	\$188.88 per year	\$453.24 per year	\$377.64 per year	\$660.96 per year
Dental Plan – Premier	\$12.88 per pay period	\$30.92 per pay period	\$25.77 per pay period	\$45.10 per pay period
	\$309.12 per year	\$741.96 per year	\$618.48 per year	\$1,082.28 per year
Vision Care Plan – Low Option	\$3.42 per pay period	\$8.21 per pay period	\$6.84 per pay period	\$11.97 per pay period
	\$81.96 per year	\$196.92 per year	\$164.16 per year	\$287.28 per year
Vision Care Plan – High Option	\$5.53 per pay period	\$13.25 per pay period	\$11.04 per pay period	\$19.33 per pay period
	\$132.60 per year	\$317.88 per year	\$264.84 per year	\$463.80 per year

Note: Per-pay-period rates are semimonthly.

The employee contributions listed here are generally for active employees who participate in the Company's health care program. Contributions that apply to other participants (such as retirees, those who have elected COBRA and employees of companies with different contribution structures) will be communicated separately.