



# 2020 Rates

Medical Mutual of Ohio  
*Medical & Drug Plan*

Coverage	Monthly	Per Pay
Employee	\$233.78	\$116.89
Employee + Spouse	\$464.99	\$232.50
Employee + 1 Child	\$326.31	\$163.15
Employee + 2 Children	\$418.83	\$209.42
Employee, Spouse + 1 Child	\$557.52	\$278.76
Employee, Spouse + 2 Children	\$650.04	\$325.02
Employee, Spouse + 3 Children	\$779.57	\$389.79





# 2020 Rates

Medical Mutual of Ohio  
*Dental Plan*

Coverage	Monthly	Per Pay
Employee	\$9.42	\$4.71
Employee + Spouse	\$18.84	\$9.42
Employee + 1 Child	\$16.62	\$8.31
Employee + 2 Children	\$23.81	\$11.91
Employee, Spouse + 1 Child	\$26.04	\$13.02
Employee, Spouse + 2 Children	\$33.23	\$16.62
Employee, Spouse + 3 Children	\$43.32	\$21.66





# 2020 Rates

Lincoln  
*Vision Plan*

Coverage	Per Month	Per Pay
Employee	\$2.23	\$1.12
Employee + Spouse	\$4.23	\$2.12
Employee + Child(ren)	\$4.96	\$2.48
Employee + Family	\$6.97	\$3.49





# 2020 Rates

PNC  
*HSA (Health Savings Account)*

Coverage	FormFire's Contribution Per Month
Employee	\$125
Family	\$250
<i>Please note: PNC does charge \$2.50 per month from this amount as an account maintenance fee.</i>	

