

Monthly Premium Cost Sharing Amounts

For LSFT, Non-Units, LSFES and AFSCME

2020 Monthly Cost	ABC 1 W/0% ABC RX *	ABC 1 W/0% 3-TIER RX MM *	ABC 2 W20% ABC RX	CHOICES \$500/\$1000 W/20% 3- TIER RX
Single	\$ 47.00	\$ 13.34	\$ -	\$ 21.72
2 person	\$ 194.06	\$ 118.32	\$ -	\$ 137.16
Family	\$ 170.22	\$ 75.96	\$ -	\$ 99.40

Per pay costs will be calculated based on # of pays elected (for LSFT) or job classification.

Please see Cafe Plan Deduction Schedule (listed online <https://lakeshoredocs.weebly.com/open-enrollment.html>) to see which paydates will have deductions for your group.

***The deductible for the ABC 1 Plans has increased to \$1400 for individuals and \$2800 for families for 2020 per the IRS guidelines for High Deductible Health Plans (HDHP).**

Here are the monthly costs for 2019 for comparison

2019 Monthly Cost	ABC 1 W/0% ABC RX	ABC 1 W/0% 3-TIER RX MM	ABC 2 W20% ABC RX	CHOICES \$500/\$1000 W/20% 3- TIER RX
Single	\$ 29.28	\$ -	\$ -	\$ 5.18
2 person	\$ 152.44	\$ 80.26	\$ -	\$ 98.20
Family	\$ 119.80	\$ 29.98	\$ -	\$ 52.32