

## 2021 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS

### 0.6 FTE Part-Time Employee Twice Monthly Premium Schedule Effective January 1, 2021 through December 31, 2021

Twice-monthly premiums include \$1.77 for Employee Assistance and CareCounsel Assistance Plans

\*Blue Shield HDHP Twice-monthly Premiums includes \$2.63 for Amino Program

BLUE SHIELD Narrow Network	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$403.89	-\$242.33	\$161.56	\$323.12
with 1 Dependent (or Spouse)	\$744.89	-\$242.33	\$502.56	\$1,005.12
with 2 or More Dependents	\$1,169.39	-\$242.33	\$927.06	\$1,854.12
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$427.39	-\$256.43	\$170.96	\$341.91
with 1 Dependent (or Spouse)	\$788.39	-\$256.43	\$531.96	\$1,063.91
with 2 or More Dependents	\$1,237.89	-\$256.43	\$981.46	\$1,962.91
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$494.89	-\$256.43	\$238.46	\$476.91
with 1 Dependent (or Spouse)	\$914.39	-\$256.43	\$657.96	\$1,315.91
with 2 or More Dependents	\$1,434.39	-\$256.43	\$1,177.96	\$2,355.91
BLUE SHIELD PPO (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$651.39	-\$256.43	\$394.96	\$789.91
with 1 Dependent (or Spouse)	\$1,202.89	-\$256.43	\$946.46	\$1,892.91
with 2 or More Dependents	\$1,889.89	-\$256.43	\$1,633.46	\$3,266.91

<b>BLUE SHIELD* (HSA eligible) HIGH DEDUCTIBLE HEALTH PLAN - HDHP with County Contribution to Employee's Health Savings Account</b>	<b>Medical Premium</b>	<b>County Contribution (excl.HSA Contrib)</b>	<b>Paycheck Deduction Per Pay Period (pre- tax)</b>	<b>Total Monthly Deduction</b>
<b>Employee Only</b>	\$373.71	<b>-\$224.23</b>	\$149.48	\$298.97
<b>with 1 Dependent (or Spouse)</b>	\$667.21	<b>-\$224.23</b>	\$442.98	\$885.97
<b>with 2 or More Dependents</b>	\$1,047.21	<b>-\$224.23</b>	\$822.98	\$1,645.97
<b>KAISER HMO LOW OPTION</b>	<b>Medical Premium</b>	<b>County Contribution</b>	<b>Paycheck Deduction Per Pay Period (pre- tax)</b>	<b>Total Monthly Deduction</b>
<b>Employee Only</b>	\$313.89	<b>-\$188.33</b>	\$125.56	\$251.11
<b>with 1 Dependent (or Spouse)</b>	\$588.39	<b>-\$188.33</b>	\$400.06	\$800.11
<b>with 2 or More Dependents</b>	\$892.89	<b>-\$188.33</b>	\$704.56	\$1,409.11
<b>KAISER HMO HIGH OPTION</b>	<b>Medical Premium</b>	<b>County Contribution</b>	<b>Paycheck Deduction Per Pay Period (pre- tax)</b>	<b>Total Monthly Deduction</b>
<b>Employee Only</b>	\$326.39	<b>-\$195.83</b>	\$130.56	\$261.11
<b>with 1 Dependent (or Spouse)</b>	\$609.39	<b>-\$195.83</b>	\$413.56	\$827.11
<b>with 2 or More Dependents</b>	\$925.89	<b>-\$195.83</b>	\$730.06	\$1,460.11
<b>DENTAL PLANS</b>				
<b>COUNTY SELF-FUNDED DENTAL PLAN DELTA DENTAL DPPO Group #16458</b>	<b>Dental Premium</b>	<b>County Contribution</b>	<b>Paycheck Deduction Per Pay Period (pre- tax)</b>	<b>Total Monthly Deduction</b>
<b>Employee Only</b>	\$16.61	<b>-\$7.82</b>	\$8.79	\$17.58
<b>with 1 Dependent (or Spouse)</b>	\$27.72	<b>-\$7.82</b>	\$19.90	\$39.80
<b>with 2 or More Dependents</b>	\$42.43	<b>-\$7.82</b>	\$34.61	\$69.22

<b>DELTA DENTAL DeltaCareUSA DHMO Group #06825</b>	<b>Dental Premium</b>	<b>County Contribution</b>	<b>Paycheck Deduction Per Pay Period (pre- tax)</b>	<b>Total Monthly Deduction</b>
<b>Employee Only</b>	\$16.44	<b>-\$7.82</b>	\$8.62	\$17.24
<b>with 1 Dependent (or Spouse)</b>	\$27.02	<b>-\$7.82</b>	\$19.20	\$38.40
<b>with 2 or More Dependents</b>	\$41.02	<b>-\$7.82</b>	\$33.20	\$66.40
<b>Vision PLANS</b>				
<b>VSP Vision</b>	<b>Vision Premium</b>	<b>County Contribution</b>	<b>Paycheck Deduction Per Pay Period (pre- tax)</b>	<b>Total Monthly Deduction</b>
<b>Employee Only</b>	\$3.18	<b>N/A</b>	\$3.18	\$ 6.36
<b>with 1 Dependent (or Spouse)</b>	\$4.57	<b>N/A</b>	\$4.57	\$ 9.14
<b>with 2 or More Dependents</b>	\$8.20	<b>N/A</b>	\$8.20	\$ 16.40