

## 2021 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS

### EXH (ACA) 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	-\$363.50	\$40.39	\$80.78
with 1 Dependent (or Spouse)	\$744.89	-\$363.50	\$381.39	\$762.78
with 2 or More Dependents	\$1,169.39	-\$363.50	\$805.89	\$1,611.78
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$427.39	-\$283.39	\$144.00	\$288.00
with 1 Dependent (or Spouse)	\$788.39	-\$283.39	\$505.00	\$1,010.00
with 2 or More Dependents	\$1,237.89	-\$283.39	\$954.50	\$1,909.00
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$494.89	-\$283.39	\$211.50	\$423.00
with 1 Dependent (or Spouse)	\$914.39	-\$283.39	\$631.00	\$1,262.00
with 2 or More Dependents	\$1,434.39	-\$283.39	\$1,151.00	\$2,302.00

<b>BLUE SHIELD PPO (not HSA eligible)</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>	\$651.39	<b>-\$283.39</b>	\$368.00	\$736.00
<b>with 1 Dependent (or Spouse)</b>	\$1,202.89	<b>-\$283.39</b>	\$919.50	\$1,839.00
<b>with 2 or More Dependents</b>	\$1,889.89	<b>-\$283.39</b>	\$1,606.50	\$3,213.00
<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>	\$372.39	<b>-\$283.39</b>	\$89.00	\$178.00
<b>with 1 Dependent (or Spouse)</b>	\$665.89	<b>-\$283.39</b>	\$382.50	\$765.00
<b>with 2 or More Dependents</b>	\$1,045.89	<b>-\$283.39</b>	\$762.50	\$1,525.00
<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>-\$283.39</b>	\$30.50	\$61.00
<b>with 1 Dependent (or Spouse)</b>	\$588.39	<b>-\$283.39</b>	\$305.00	\$610.00
<b>with 2 or More Dependents</b>	\$892.89	<b>-\$283.39</b>	\$609.50	\$1,219.00
<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>-\$283.39</b>	\$43.00	\$86.00
<b>with 1 Dependent (or Spouse)</b>	\$609.39	<b>-\$283.39</b>	\$326.00	\$652.00
<b>with 2 or More Dependents</b>	\$925.89	<b>-\$283.39</b>	\$642.50	\$1,285.00
<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>\$0.00</b>	\$16.61	\$33.22
<b>with 1 Dependent (or Spouse)</b>	\$27.72	<b>\$0.00</b>	\$27.72	\$55.44
<b>with 2 or More Dependents</b>	\$42.43	<b>\$0.00</b>	\$42.43	\$84.86
<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>\$0.00</b>	\$16.44	\$32.88
<b>with 1 Dependent (or Spouse)</b>	\$27.02	<b>\$0.00</b>	\$27.02	\$54.04
<b>with 2 or More Dependents</b>	\$41.02	<b>\$0.00</b>	\$41.02	\$82.04
<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