

2021 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS
Combined Coverage 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 + Spouse (or DP) with 2 or More Dependents	\$744.89 \$1,169.39	-\$744.89 -\$804.24	\$0.00 \$365.15	\$0.00 \$730.30
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee + Spouse (or DP) with 2 or More Dependents	\$788.39 \$1,237.89	-\$788.39 -\$851.24	\$0.00 \$386.65	\$0.00 \$773.30
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee + Spouse (or DP) with 2 or More Dependents	\$914.39 \$1,434.39	-\$851.24 -\$851.24	\$63.15 \$583.15	\$126.30 \$1,166.30
BLUE SHIELD PPO (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee + Spouse (or DP) with 2 or More Dependents	\$1,202.89 \$1,889.89	-\$851.24 -\$851.24	\$351.65 \$1,038.65	\$703.30 \$2,077.30

BLUE SHIELD* (HSA eligible) HIGH DEDUCTIBLE HEALTH PLAN - HDHP with County Contribution to Employee's Health Savings Account	Medical Premium	County Contribution (excl.HSA Contrib)	Paycheck Deduction Per Pay Period (pre- tax)	Total Monthly Deduction
Employee + Spouse (or DP) with 2 or More Dependents	\$667.21 \$1,047.21	-\$667.21 -\$743.88	\$0.00 \$303.33	\$0.00 \$606.66
KAISER HMO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre- tax)	Total Monthly Deduction
Employee + Spouse (or DP) with 2 or More Dependents	\$588.39 \$892.89	-\$588.39 -\$624.24	\$0.00 \$268.65	\$0.00 \$537.30
KAISER HMO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre- tax)	Total Monthly Deduction
Employee + Spouse (or DP) with 2 or More Dependents	\$609.39 \$925.89	-\$609.39 -\$649.24	\$0.00 \$276.65	\$0.00 \$553.30
DENTAL PLANS				
COUNTY SELF-FUNDED DENTAL PLAN DELTA DENTAL DPPO Group #16458	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre- tax)	Total Monthly Deduction
Employee Only	\$16.61	-\$21.67	\$0.00	\$0.00
with 1 Dependent (or Spouse)	\$27.72	-\$26.06	\$1.66	\$3.32
with 2 or More Dependents	\$42.43	-\$26.06	\$16.37	\$32.74

DELTA DENTAL DeltaCareUSA DHMO Group #06825	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre- tax)	Total Monthly Deduction
Employee Only	\$16.44	-\$16.44	\$0.00	\$0.00
with 1 Dependent (or Spouse)	\$27.02	-\$26.03	\$0.99	\$1.98
with 2 or More Dependents	\$41.02	-\$26.03	\$14.99	\$29.98
Vision PLANS				
VSP Vision	Vision Premium	County Contribution	Paycheck Deduction Per Pay Period (pre- tax)	Total Monthly Deduction
Employee Only	\$3.18	N/A	\$3.18	\$ 6.36
with 1 Dependent (or Spouse)	\$4.57	N/A	\$4.57	\$ 9.14
with 2 or More Dependents	\$8.20	N/A	\$8.20	\$ 16.40