

**2021 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS**  
**0.75 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

<b>BLUE SHIELD Narrow Network</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>	\$403.89	<b>-\$302.92</b>	\$100.97	\$201.94
<b>with 1 Dependent (or Spouse)</b>	\$744.89	<b>-\$302.92</b>	\$441.97	\$883.94
<b>with 2 or More Dependents</b>	\$1,169.39	<b>-\$302.92</b>	\$866.47	\$1,732.94
<b>BLUE SHIELD EPO 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>	\$427.39	<b>-\$320.54</b>	\$106.85	\$213.70
<b>with 1 Dependent (or Spouse)</b>	\$788.39	<b>-\$320.54</b>	\$467.85	\$935.70
<b>with 2 or More Dependents</b>	\$1,237.89	<b>-\$320.54</b>	\$917.35	\$1,834.70
<b>BLUE SHIELD EPO 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>	\$494.89	<b>-\$320.54</b>	\$174.35	\$348.70
<b>with 1 Dependent (or Spouse)</b>	\$914.39	<b>-\$320.54</b>	\$593.85	\$1,187.70
<b>with 2 or More Dependents</b>	\$1,434.39	<b>-\$320.54</b>	\$1,113.85	\$2,227.70

<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>-\$320.54</b>	\$330.85	\$661.70
<b>with 1 Dependent (or Spouse)</b>	\$1,202.89	<b>-\$320.54</b>	\$882.35	\$1,764.70
<b>with 2 or More Dependents</b>	\$1,889.89	<b>-\$320.54</b>	\$1,569.35	\$3,138.70
<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>-\$280.28</b>	\$93.43	\$186.86
<b>with 1 Dependent (or Spouse)</b>	\$667.21	<b>-\$280.28</b>	\$386.93	\$773.86
<b>with 2 or More Dependents</b>	\$1,047.21	<b>-\$280.28</b>	\$766.93	\$1,533.86
<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>-\$235.42</b>	\$78.47	\$156.95
<b>with 1 Dependent (or Spouse)</b>	\$588.39	<b>-\$235.42</b>	\$352.97	\$705.95
<b>with 2 or More Dependents</b>	\$892.89	<b>-\$235.42</b>	\$657.47	\$1,314.95
<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>-\$244.79</b>	\$81.60	\$163.20
<b>with 1 Dependent (or Spouse)</b>	\$609.39	<b>-\$244.79</b>	\$364.60	\$729.20
<b>with 2 or More Dependents</b>	\$925.89	<b>-\$244.79</b>	\$681.10	\$1,362.20
<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>-\$9.77</b>	\$6.84	\$13.68
<b>with 1 Dependent (or Spouse)</b>	\$27.72	<b>-\$9.77</b>	\$17.95	\$35.90
<b>with 2 or More Dependents</b>	\$42.43	<b>-\$9.77</b>	\$32.66	\$65.32
<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>-\$9.77</b>	\$6.67	\$13.34
<b>with 1 Dependent (or Spouse)</b>	\$27.02	<b>-\$9.77</b>	\$17.25	\$34.50
<b>with 2 or More Dependents</b>	\$41.02	<b>-\$9.77</b>	\$31.25	\$62.50
<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