

2021 MEDICAL, VISION & DENTAL INSURANCE PREMIUMS
0.8 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	-\$323.11	\$80.78	\$161.56
with 1 Dependent (or Spouse)	\$744.89	-\$323.11	\$421.78	\$843.56
with 2 or More Dependents	\$1,169.39	-\$323.11	\$846.28	\$1,692.56
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre tax)	Total Monthly Deduction
Employee Only	\$427.39	-\$341.91	\$85.48	\$170.96
with 1 Dependent (or Spouse)	\$788.39	-\$341.91	\$446.48	\$892.96
with 2 or More Dependents	\$1,237.89	-\$341.91	\$895.98	\$1,791.96
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre tax)	Total Monthly Deduction
Employee Only	\$494.89	-\$341.91	\$152.98	\$305.96
with 1 Dependent (or Spouse)	\$914.39	-\$341.91	\$572.48	\$1,144.96
with 2 or More Dependents	\$1,434.39	-\$341.91	\$1,092.48	\$2,184.96

BLUE SHIELD PPO (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre tax)	Total Monthly Deduction
Employee Only	\$651.39	-\$341.91	\$309.48	\$618.96
with 1 Dependent (or Spouse)	\$1,202.89	-\$341.91	\$860.98	\$1,721.96
with 2 or More Dependents	\$1,889.89	-\$341.91	\$1,547.98	\$3,095.96
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 Only	\$373.71	-\$298.97	\$74.74	\$149.48
with 1 Dependent (or Spouse)	\$667.21	-\$298.97	\$368.24	\$736.48
with 2 or More Dependents	\$1,047.21	-\$298.97	\$748.24	\$1,496.48
KAISER HMO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre tax)	Total Monthly Deduction
Employee Only	\$313.89	-\$251.11	\$62.78	\$125.56
with 1 Dependent (or Spouse)	\$588.39	-\$251.11	\$337.28	\$674.56
with 2 or More Dependents	\$892.89	-\$251.11	\$641.78	\$1,283.56
KAISER HMO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre tax)	Total Monthly Deduction
Employee Only	\$326.39	-\$261.11	\$65.28	\$130.56
with 1 Dependent (or Spouse)	\$609.39	-\$261.11	\$348.28	\$696.56
with 2 or More Dependents	\$925.89	-\$261.11	\$664.78	\$1,329.56
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	-\$10.42	\$6.19	\$12.38
with 1 Dependent (or Spouse)	\$27.72	-\$10.42	\$17.30	\$34.60
with 2 or More Dependents	\$42.43	-\$10.42	\$32.01	\$64.02
DELTA DENTAL DeltaCareUSA DHMO Group #06825	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre tax)	Total Monthly Deduction
Employee Only	\$16.44	-\$10.42	\$6.02	\$12.04
with 1 Dependent (or Spouse)	\$27.02	-\$10.42	\$16.60	\$33.20
with 2 or More Dependents	\$41.02	-\$10.42	\$30.60	\$61.20
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