

2021 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS

Full-Time Employee Twice Monthly Premium Schedule

Effective January 1, 2021 through December 31, 2021

Twice-monthly premiums include \$3.54 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	-\$403.89	\$0.00	\$0.00
with 1 Dependent (or Spouse)	\$744.89	-\$403.89	\$341.00	\$682.00
with 2 or More Dependents	\$1,169.39	-\$403.89	\$765.50	\$1,531.00
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$427.39	-\$427.39	\$0.00	\$0.00
with 1 Dependent (or Spouse)	\$788.39	-\$427.39	\$361.00	\$722.00
with 2 or More Dependents	\$1,237.89	-\$427.39	\$810.50	\$1,621.00
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$494.89	-\$427.39	\$67.50	\$135.00
with 1 Dependent (or Spouse)	\$914.39	-\$427.39	\$487.00	\$974.00
with 2 or More Dependents	\$1,434.39	-\$427.39	\$1,007.00	\$2,014.00
BLUE SHIELD PPO (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$651.39	-\$427.39	\$224.00	\$448.00
with 1 Dependent (or Spouse)	\$1,202.89	-\$427.39	\$775.50	\$1,551.00
with 2 or More Dependents	\$1,889.89	-\$427.39	\$1,462.50	\$2,925.00

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	-\$373.71	\$0.00	\$0.00
with 1 Dependent (or Spouse)	\$667.21	-\$373.71	\$293.50	\$587.00
with 2 or More Dependents	\$1,047.21	-\$373.71	\$673.50	\$1,347.00
KAISER HMO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre- tax)	Total Monthly Deduction
Employee Only	\$313.89	-\$313.89	\$0.00	\$0.00
with 1 Dependent (or Spouse)	\$588.39	-\$313.89	\$274.50	\$549.00
with 2 or More Dependents	\$892.89	-\$313.89	\$579.00	\$1,158.00
KAISER HMO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre- tax)	Total Monthly Deduction
Employee Only	\$326.39	-\$326.39	\$0.00	\$0.00
with 1 Dependent (or Spouse)	\$609.39	-\$326.39	\$283.00	\$566.00
with 2 or More Dependents	\$925.89	-\$326.39	\$599.50	\$1,199.00
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	-\$13.03	\$3.58	\$7.16
with 1 Dependent (or Spouse)	\$27.72	-\$13.03	\$14.69	\$29.38
with 2 or More Dependents	\$42.43	-\$13.03	\$29.40	\$58.80

DELTA DENTAL DeltaCareUSA DHMO Group #06825	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre- tax)	Total Monthly Deduction
Employee Only	\$16.44	-\$13.03	\$3.41	\$6.82
with 1 Dependent (or Spouse)	\$27.02	-\$13.03	\$13.99	\$27.98
with 2 or More Dependents	\$41.02	-\$13.03	\$27.99	\$55.98
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