

**2021 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS**  
**0.5 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>-\$201.94</b>	\$201.95	\$ 403.90
<b>with 1 Dependent (or Spouse)</b>	\$744.89	<b>-\$201.94</b>	\$542.95	\$1,085.90
<b>with 2 or More Dependents</b>	\$1,169.39	<b>-\$201.94</b>	\$967.45	\$1,934.90
<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>-\$213.70</b>	\$213.70	\$ 427.39
<b>with 1 Dependent (or Spouse)</b>	\$788.39	<b>-\$213.70</b>	\$574.70	\$1,149.39
<b>with 2 or More Dependents</b>	\$1,237.89	<b>-\$213.70</b>	\$1,024.20	\$2,048.39
<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>-\$213.70</b>	\$281.20	\$ 562.39
<b>with 1 Dependent (or Spouse)</b>	\$914.39	<b>-\$213.70</b>	\$700.70	\$1,401.39
<b>with 2 or More Dependents</b>	\$1,434.39	<b>-\$213.70</b>	\$1,220.70	\$2,441.39
<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>-\$213.70</b>	\$437.70	\$ 875.39
<b>with 1 Dependent (or Spouse)</b>	\$1,202.89	<b>-\$213.70</b>	\$989.20	\$1,978.39
<b>with 2 or More Dependents</b>	\$1,889.89	<b>-\$213.70</b>	\$1,676.20	\$3,352.39

<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	-\$186.86	\$186.86	\$ 373.71
<b>with 1 Dependent (or Spouse)</b>	\$667.21	-\$186.86	\$480.36	\$ 960.71
<b>with 2 or More Dependents</b>	\$1,047.21	-\$186.86	\$860.36	\$1,720.71
<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	-\$156.95	\$156.95	\$ 313.89
<b>with 1 Dependent (or Spouse)</b>	\$588.39	-\$156.95	\$431.45	\$ 862.89
<b>with 2 or More Dependents</b>	\$892.89	-\$156.95	\$735.95	\$1,471.89
<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	-\$163.20	\$163.20	\$ 326.39
<b>with 1 Dependent (or Spouse)</b>	\$609.39	-\$163.20	\$446.20	\$ 892.39
<b>with 2 or More Dependents</b>	\$925.89	-\$163.20	\$762.70	\$1,525.39
<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	-\$6.52	\$10.09	\$ 20.18
<b>with 1 Dependent (or Spouse)</b>	\$27.72	-\$6.52	\$21.20	\$ 42.40
<b>with 2 or More Dependents</b>	\$42.43	-\$6.52	\$35.91	\$ 71.82
<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	-\$6.52	\$9.92	\$ 19.84
<b>with 1 Dependent (or Spouse)</b>	\$27.02	-\$6.52	\$20.50	\$ 41.00
<b>with 2 or More Dependents</b>	\$41.02	-\$6.52	\$34.50	\$ 69.00
<b>Vision PLANS</b>				

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