

2021 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS
0.7 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	-\$282.72	\$121.17	\$242.34
with 1 Dependent (or Spouse)	\$744.89	-\$282.72	\$462.17	\$924.34
with 2 or More Dependents	\$1,169.39	-\$282.72	\$886.67	\$1,773.34
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$427.39	-\$299.17	\$128.22	\$256.43
with 1 Dependent (or Spouse)	\$788.39	-\$299.17	\$489.22	\$978.43
with 2 or More Dependents	\$1,237.89	-\$299.17	\$938.72	\$1,877.43
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$494.89	-\$299.17	\$195.72	\$391.43
with 1 Dependent (or Spouse)	\$914.39	-\$299.17	\$615.22	\$1,230.43
with 2 or More Dependents	\$1,434.39	-\$299.17	\$1,135.22	\$2,270.43

BLUE SHIELD PPO (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$651.39	-\$299.17	\$352.22	\$704.43
with 1 Dependent (or Spouse)	\$1,202.89	-\$299.17	\$903.72	\$1,807.43
with 2 or More Dependents	\$1,889.89	-\$299.17	\$1,590.72	\$3,181.43
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	-\$261.60	\$112.11	\$224.23
with 1 Dependent (or Spouse)	\$667.21	-\$261.60	\$405.61	\$811.23
with 2 or More Dependents	\$1,047.21	-\$261.60	\$785.61	\$1,571.23
KAISER HMO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$313.89	-\$219.72	\$94.17	\$188.33
with 1 Dependent (or Spouse)	\$588.39	-\$219.72	\$368.67	\$737.33
with 2 or More Dependents	\$892.89	-\$219.72	\$673.17	\$1,346.33
KAISER HMO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$326.39	-\$228.47	\$97.92	\$195.83
with 1 Dependent (or Spouse)	\$609.39	-\$228.47	\$380.92	\$761.83
with 2 or More Dependents	\$925.89	-\$228.47	\$697.42	\$1,394.83
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	-\$9.12	\$7.49	\$14.98
with 1 Dependent (or Spouse)	\$27.72	-\$9.12	\$18.60	\$37.20
with 2 or More Dependents	\$42.43	-\$9.12	\$33.31	\$66.62
DELTA DENTAL DeltaCareUSA DHMO Group #06825	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre- tax)	Total Monthly Deduction
Employee Only	\$16.44	-\$9.12	\$7.32	\$14.64
with 1 Dependent (or Spouse)	\$27.02	-\$9.12	\$17.90	\$35.80
with 2 or More Dependents	\$41.02	-\$9.12	\$31.90	\$63.80
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