

2021 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS
0.9 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	-\$363.50	\$40.39	\$80.78
with 1 Dependent (or Spouse)	\$744.89	-\$363.50	\$381.39	\$762.78
with 2 or More Dependents	\$1,169.39	-\$363.50	\$805.89	\$1,611.78
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre tax)	Total Monthly Deduction
Employee Only	\$427.39	-\$384.65	\$42.74	\$85.48
with 1 Dependent (or Spouse)	\$788.39	-\$384.65	\$403.74	\$807.48
with 2 or More Dependents	\$1,237.89	-\$384.65	\$853.24	\$1,706.48
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre tax)	Total Monthly Deduction
Employee Only	\$494.89	-\$384.65	\$110.24	\$220.48
with 1 Dependent (or Spouse)	\$914.39	-\$384.65	\$529.74	\$1,059.48
with 2 or More Dependents	\$1,434.39	-\$384.65	\$1,049.74	\$2,099.48

BLUE SHIELD PPO (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre tax)	Total Monthly Deduction
Employee Only	\$651.39	-\$384.65	\$266.74	\$533.48
with 1 Dependent (or Spouse)	\$1,202.89	-\$384.65	\$818.24	\$1,636.48
with 2 or More Dependents	\$1,889.89	-\$384.65	\$1,505.24	\$3,010.48
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	-\$336.34	\$37.37	\$74.74
with 1 Dependent (or Spouse)	\$667.21	-\$336.34	\$330.87	\$661.74
with 2 or More Dependents	\$1,047.21	-\$336.34	\$710.87	\$1,421.74
KAISER HMO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre tax)	Total Monthly Deduction
Employee Only	\$313.89	-\$282.50	\$31.39	\$62.78
with 1 Dependent (or Spouse)	\$588.39	-\$282.50	\$305.89	\$611.78
with 2 or More Dependents	\$892.89	-\$282.50	\$610.39	\$1,220.78
KAISER HMO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre tax)	Total Monthly Deduction
Employee Only	\$326.39	-\$293.75	\$32.64	\$65.28
with 1 Dependent (or Spouse)	\$609.39	-\$293.75	\$315.64	\$631.28
with 2 or More Dependents	\$925.89	-\$293.75	\$632.14	\$1,264.28
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	-\$11.73	\$4.88	\$9.76
with 1 Dependent (or Spouse)	\$27.72	-\$11.73	\$15.99	\$31.98
with 2 or More Dependents	\$42.43	-\$11.73	\$30.70	\$61.40
DELTA DENTAL DeltaCareUSA DHMO Group #06825	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre tax)	Total Monthly Deduction
Employee Only	\$16.44	-\$11.73	\$4.71	\$9.42
with 1 Dependent (or Spouse)	\$27.02	-\$11.73	\$15.29	\$30.58
with 2 or More Dependents	\$41.02	-\$11.73	\$29.29	\$58.58
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