

2021 Bi-weekly Premiums

Medical

Coverage Option	\$1,000 Deductible	\$2,000 Deductible	\$3,000 Deductible	\$4,000 Deductible
Annual base salary less than \$60,000				
Employee only	\$131.44	\$89.14	\$59.52	\$37.01
Employee + child(ren)	\$255.93	\$175.43	\$123.71	\$108.81
Employee + spouse/domestic partner	\$297.65	\$228.90	\$133.41	\$117.04
Employee + family	\$418.92	\$295.68	\$186.63	\$164.11
Annual base salary between \$60,000 and \$149,999				
Employee only	\$143.82	\$100.49	\$70.87	\$46.37
Employee + child(ren)	\$280.56	\$198.07	\$146.54	\$128.22
Employee + spouse/domestic partner	\$323.20	\$255.02	\$157.99	\$137.93
Employee + family	\$456.72	\$333.45	\$223.03	\$195.11
Annual base salary \$150,000 or greater				
Employee only	\$153.70	\$110.09	\$79.91	\$55.01
Employee + child(ren)	\$300.31	\$217.27	\$164.69	\$145.50
Employee + spouse/domestic partner	\$343.14	\$274.40	\$176.51	\$155.37
Employee + family	\$486.63	\$362.52	\$250.54	\$221.28

Dental

Coverage Option	Dental PPO Enhanced	Dental HMO
Employee only	\$13.98	\$9.60
Employee + one	\$30.81	\$20.33
Employee + two or more	\$37.76	\$25.98

Vision

Coverage Option	Vision
Employee only	\$2.91
Employee + one or more	\$7.27