



2021 Bi-weekly Contribution Rates

Medical Plan (Non-Tobacco Rates; No Wellness Credit)				
Coverage Tier	\$400 Deductible	\$900 Deductible	\$1,850 Deductible	\$2,850 Deductible
Employee only	\$114.00	\$84.92	\$52.62	\$45.69
Employee +1	\$226.62	\$162.00	\$107.54	\$90.46
Employee + Family	\$312.92	\$234.92	\$140.77	\$134.77

Dental Plan			
Coverage Tier	Basic	Standard	Enhanced
Employee only	\$3.23	\$ 5.54	\$6.92
Employee +1	\$6.46	\$12.00	\$15.23
Employee + Family	\$10.62	\$21.69	\$26.77

Vision Plan		
Coverage Tier	Materials Only	Enhanced
Employee only	\$2.85	\$5.28
Employee +1	\$5.70	\$10.55
Employee + Family	\$9.18	\$16.97