

2021 PREMIUM RATE SHEET

Active Employee			
Coverage Level	PLAN A (HDHP)	PLAN B (PPO)	DENTAL
Employee Only	\$49.00 per pay period	\$77.00 per pay period	\$7.00 per pay period
Employee + Spouse	\$112.00 per pay period	\$178.00 per pay period	\$13.00 per pay period
Employee + Child(ren)	\$103.00 per pay period	\$163.00 per pay period	\$12.00 per pay period
Employee + Family	\$168.00 per pay period	\$266.00 per pay period	\$18.00 per pay period

Common Council			
Coverage Level	PLAN A (HDHP)	PLAN B (PPO)	DENTAL
Employee Only	\$82.00 per pay period	\$97.00 per pay period	\$7.00 per pay period
Employee + Spouse	\$190.00 per pay period	\$223.00 per pay period	\$13.00 per pay period
Employee + Child(ren)	\$174.00 per pay period	\$205.00 per pay period	\$12.00 per pay period
Employee + Family	\$284.00 per pay period	\$334.00 per pay period	\$18.00 per pay period

Retiree			
Coverage Level	PLAN A (HDHP)	PLAN B (PPO)	DENTAL
Retiree Only	\$724.00 per month	\$852.00 per month	\$61.00 per month
Retiree + Spouse	\$1,673.00 per month	\$1,967.00 per month	\$113.00 per month
Retiree + Child(ren)	\$1,534.00 per month	\$1,807.00 per month	\$104.00 per month
Retiree + Family	\$2,509.00 per month	\$2,951.00 per month	\$156.00 per month

COBRA			
Coverage Level	PLAN A (HDHP)	PLAN B (PPO)	DENTAL
Participant Only	\$738.00 per month	\$869.00 per month	\$62.00 per month
Participant + Spouse	\$1,706.00 per month	\$2,006.00 per month	\$115.00 per month
Participant + Child(ren)	\$1,565.00 per month	\$1,843.00 per month	\$106.00 per month
Participant + Family	\$2,559.00 per month	\$3,010.00 per month	\$159.00 per month