

HEALTH/DENTAL INSURANCE PREMIUM RATES
Effective for deductions in January 2021

| HDHP #1 | | | | |
|---|-------------------|-------------------------------|----------------------------|-------------------------|
| Deductible – Single \$2,000 Family \$4,000 | ANNUAL PREMIUM | EMPLOYER CONTRI- BUTION | ANNUAL EMPLOYEE COST | PER PAY DEDUCTION |
| Single | \$8,433.28 | \$5,925.00 | \$2,508.28 | \$104.51 |
| Employee & Spouse | \$19,363.68 | \$11,000.00 | \$8,363.68 | \$348.49 |
| Employee & Child(ren) | \$15,238.76 | \$7,400.00 | \$7,838.76 | \$326.62 |
| Family | \$24,045.52 | \$15,400.00 | \$8,645.52 | \$360.23 |
| Family, Both Employed Full-time | \$24,045.52 | \$15,750.00 | \$8,295.52 | \$345.65 |

| HDHP #2 | | | | |
|---|-------------------|-------------------------------|----------------------------|-------------------------|
| Deductible – Single \$3,000 Family \$6,000 | ANNUAL PREMIUM | EMPLOYER CONTRI- BUTION | ANNUAL EMPLOYEE COST | PER PAY DEDUCTION |
| Single | \$7,705.28 | \$5,925.00 | \$1,780.28 | \$74.18 |
| Employee & Spouse | \$17,689.68 | \$11,000.00 | \$6,689.68 | \$278.74 |
| Employee & Child(ren) | \$13,927.76 | \$7,400.00 | \$6,527.76 | \$271.99 |
| Family | \$22,007.52 | \$15,400.00 | \$6,607.52 | \$275.31 |
| Family, Both Employed Full-time | \$22,007.52 | \$15,750.00 | \$6,257.52 | \$260.73 |

| HDHP #3 | | | | |
|---|-------------------|-------------------------------|----------------------------|-------------------------|
| Deductible – Single \$4,000 Family \$8,000 | ANNUAL PREMIUM | EMPLOYER CONTRI- BUTION | ANNUAL EMPLOYEE COST | PER PAY DEDUCTION |
| Single | \$7,511.28 | \$5,925.00 | \$1,586.28 | \$66.10 |
| Employee & Spouse | \$17,244.68 | \$11,000.00 | \$6,244.68 | \$260.20 |
| Employee & Child(ren) | \$13,578.76 | \$7,400.00 | \$6,178.76 | \$257.45 |
| Family | \$21,547.52 | \$15,400.00 | \$6,147.52 | \$256.15 |
| Family, Both Employed Full-time | \$21,547.52 | \$15,750.00 | \$5,797.52 | \$241.56 |

| HDHP #4 | | | | |
|--|-------------------|-------------------------------|----------------------------|-------------------------|
| Deductible – Single \$5,000 Family \$10,000 | ANNUAL PREMIUM | EMPLOYER CONTRI- BUTION | ANNUAL EMPLOYEE COST | PER PAY DEDUCTION |
| Single | \$7,102.28 | \$5,925.00 | \$1,177.28 | \$ 49.05 |
| Employee & Spouse | \$16,302.68 | \$11,000.00 | \$5,302.68 | \$220.95 |
| Employee & Child(ren) | \$12,842.76 | \$7,400.00 | \$5,442.76 | \$226.78 |
| Family | \$20,591.52 | \$15,400.00 | \$5,191.52 | \$216.31 |
| Family, Both Employed Full-time | \$20,591.52 | \$15,750.00 | \$4,841.52 | \$201.73 |