

Paying For Benefits - 2021

Coverage	Your Monthly Cost
\$2,000 Deductible PPO	
Employee Only	\$733.84
Employee + Spouse	\$1,614.44
Employee + Child(ren)	\$1,541.06
Employee + Spouse + Child(ren)	\$2,348.28
\$2,800 Deductible HDHP	
Employee Only	\$671.25
Employee + Spouse	\$1,476.76
Employee + Child(ren)	\$1,409.64
Employee + Spouse + Child(ren)	\$2,148.03
\$5,000 Deductible HDHP	
Employee Only	\$644.11
Employee + Spouse	\$1,417.06
Employee + Child(ren)	\$1,288.25
Employee + Spouse + Child(ren)	\$2,061.19
Dental Plan	
Employee Only	\$44.12
Employee + One	\$86.22
Family	\$119.11
Vision Plan	
Employee Only	\$6.41
Employee + One	\$12.81
Family	\$20.62