

**MEDICAL, DENTAL AND VISION MONTHLY CONTRIBUTIONS
JANUARY 2021 - DECEMBER 2021**

LEVEL OF COVERAGE	MEDICAL				DENTAL		VISION	
	SDHP	PPO	EPO	NON-NETWORK	BASIC	PLUS	BASIC	PLUS
EMPLOYEE								
Employee Only	\$8.00	\$102.00	\$129.00	\$102.00	\$9.00	\$16.00	\$6.38	\$16.16
Employee and Spouse	\$23.00	\$260.00	\$329.00	\$260.00	\$16.00	\$28.00	\$12.24	\$30.94
Employee and Child(ren)	\$21.00	\$242.00	\$308.00	\$242.00	\$17.00	\$32.00	\$12.78	\$32.32
Employee and Family	\$36.00	\$401.00	\$509.00	\$401.00	\$27.00	\$34.00	\$19.72	\$49.86
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Surviving Spouse Only or Surviving Child Only	\$32.00	\$214.00	\$313.00	\$214.00	\$43.00	\$47.00	\$6.38	\$16.16
Retiree and Spouse	\$64.00	\$427.00	\$629.00	\$427.00	\$75.00	\$88.00	\$12.24	\$30.94
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	\$54.00	\$364.00	\$536.00	\$364.00	\$76.00	\$89.00	\$12.78	\$32.32
Retiree and Family	\$75.00	\$512.00	\$754.00	\$512.00	\$110.00	\$123.00	\$19.72	\$49.86
DISABILITY RETIREE ELIGIBLE FOR MEDICARE								
Retiree on Medicare Only or Surviving Spouse on Medicare Only	N/A	N/A	N/A	\$148.00	\$43.00	\$47.00	\$6.38	\$16.16
Retiree on Medicare and Spouse	N/A	N/A	N/A	\$240.00	\$75.00	\$88.00	\$12.24	\$30.94
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	N/A	N/A	N/A	\$229.00	\$76.00	\$89.00	\$12.78	\$32.32
Retiree on Medicare and Family	N/A	N/A	N/A	\$321.00	\$110.00	\$123.00	\$19.72	\$49.86
CONNECTOR MODEL RETIREE/DEPENDENTS NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Spouse Only	\$26.00	\$227.00	\$272.00	\$227.00	\$43.00	\$47.00	\$6.38	\$16.16
Child(ren) Only	\$18.00	\$116.00	\$131.00	\$116.00	\$33.00	\$42.00	\$6.38	\$16.16
Retiree and Child(ren) or Spouse and Child(ren)	\$43.00	\$347.00	\$402.00	\$347.00	\$76.00	\$89.00	\$12.78	\$32.32