

Salaried Employee Contributions

Plan Year 2021: January 1, 2021 - December 31, 2021

MEDICAL/RX PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	\$119.63	\$246.95	\$226.68	\$347.01
Preferred	\$45.63	\$102.66	\$94.24	\$144.25
Economy	\$9.06	\$31.36	\$28.77	\$44.07

DENTAL PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	\$0.00	\$7.77	\$15.13	\$23.15
Low Option	\$0.00	\$4.91	\$10.02	\$15.25

VISION RATES (BI-WEEKLY)

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$1.81	\$3.44	\$3.62	\$5.33