



PREMIUM RATE SHEET
BI-WEEKLY
CLASSIFIED STAFF Hired before July 1, 2016
Effective 9/1/2021

BI-WEEKLY RATES-DEDUCTIONS TAKEN 20 TIMES A YEAR

If enrolling after September 1st, an increased deduction will be taken to pay for summer coverage.

MEDICAL

PREFERRED PPO PLAN

STANDARD PPO PLAN

Employees working **6 ½** hours or less per day (BOE 75%)

Single	\$108.27	Single	\$ 70.46
2-Party	\$212.28	2-Party	\$138.15
Family	\$254.18	Family	\$165.41

Employees working **7** hours per day (BOE 80%)

Single	\$ 86.62	Single	\$ 56.37
2-Party	\$169.82	2-Party	\$110.52
Family	\$203.34	Family	\$132.33

Employees working **7 ½ to 8** hours per day (BOE 85%)

Single	\$ 64.96	Single	\$ 42.28
2-Party	\$127.37	2-Party	\$ 82.89
Family	\$152.51	Family	\$ 99.25

DENTAL

Single	\$20.28
2-Party	\$40.74
Family	\$61.28

VISION

Single	\$ 3.89
2-Party	\$ 6.37
Family	\$ 12.08