

## FY2021 BI-WEEKLY/SEMI-MONTHLY MEDICAL AND DENTAL RATES

### Full-time Employee (30 - 40 hours per week)

	<b>Employer Medical: \$477.70</b>			<b>Employer Dental: \$7.72</b>		
	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$29.50	\$73.50	\$50.50	\$71.50	\$94.50	\$115.50
Traditional	\$36.50	\$89.50	\$63.00	\$89.50	\$116.00	\$135.50
High Deductible	\$11.50	\$31.00	\$20.50	\$29.50	\$40.00	\$49.00
Dental	\$4.82	\$22.08	\$18.60	\$28.50	\$31.60	\$36.54

### Part-time Employee (20 - 29.9 hours per week)

	<b>Employer Medical: \$382.16</b>			<b>Employer Dental: \$5.69</b>		
	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$125.04	\$169.04	\$146.04	\$167.04	\$190.04	\$211.04
Traditional	\$132.04	\$185.04	\$158.54	\$185.04	\$211.54	\$231.04
High Deductible	\$107.04	\$126.54	\$116.04	\$125.04	\$135.54	\$144.54
Dental	\$6.85	\$24.11	\$20.63	\$30.53	\$33.63	\$38.57

\* Premiums withheld on the first and second paydates of each month. Premiums withheld in advance of coverage.