

2021

M O N T H L Y

	TOTAL PREMIUM	COLLEGE CONTRIB.	EMPLOYEE CONTRIB.
ACTIVES- CAPITAL BLUECROSS			
<u>Standard PPO</u>			
INDIVIDUAL	\$611.44	\$550.30	\$61.14
EMPL+SP/PARTNER	1,679.06	1,125.20	553.86
PARENT/CHILD	1,428.73	1,122.99	305.74
PARENT/CHILDREN	1,502.00	1,176.06	325.94
FAMILY	1,752.32	1,177.10	575.22
<u>High Deductible/HSA</u>			
INDIVIDUAL	\$582.62	\$550.30	\$32.32
EMPL+SP/PARTNER	1,509.54	1,125.20	384.34
PARENT/CHILD	1,321.33	1,122.99	198.34
PARENT/CHILDREN	1,376.44	1,176.06	200.38
FAMILY	1,564.58	1,177.10	387.48
<u>Low Deductible</u>			
INDIVIDUAL	\$750.74	\$550.30	\$200.44
EMPL+SP/PARTNER	2,134.68	1,125.20	1,009.48
PARENT/CHILD	1,816.43	1,122.99	693.44
PARENT/CHILDREN	1,909.56	1,176.06	733.50
FAMILY	2,227.84	1,177.10	1,050.74
<u>Capital BlueCross Dental PPO Preferred</u>			
SINGLE COVERAGE	\$39.52	-	\$39.52
TWO-PARTY	79.06	-	79.06
THREE OR MORE	102.24	-	102.24