



Health Insurance Rates Effective July 1, 2021

	Monthly Premium*	Full Time Employee - Your Cost Per Pay Period		Part Time Employee - Your Cost Per Pay Period	
		Licensed Employee & Administrator	Support Employee	Licensed Employee & Administrator	Support Employee
Medical Plans					
Kaiser HMO					
Employee Only	\$ 596.74	\$ 59.67	\$ 29.84	\$ 119.35	\$ 89.51
Employee + 1 Dependent	1,144.37	114.44	57.22	228.87	171.66
Family	1,589.35	158.94	79.47	317.87	238.40
United Healthcare POS					
Employee Only	\$ 834.16	\$ 83.42	\$ 41.71	\$ 166.83	\$ 125.12
Employee + 1 Dependent	1,602.02	160.20	80.10	320.40	240.30
Family	2,225.81	222.58	111.29	445.16	333.87
Qualified Health Plan with Health Savings Account					
Employee Only	\$ 750.74	\$ 56.31	\$ 37.54	\$ 131.38	\$ 112.61
Employee + 1 Dependent	1,441.82	108.14	72.09	252.32	216.27
Family	2,003.23	150.24	100.16	350.57	300.48
Dental Plan - CareFirst					
Employee Only	\$ 44.79	\$ 9.63	\$ 9.63	\$ 12.77	\$ 12.77
Employee + 1 Dependent	72.97	15.69	15.69	20.80	20.80
Family	117.45	25.25	25.25	33.47	33.47
Vision Plan - EyeMed					
Employee Only	\$ 6.34	\$ 3.17	\$ 3.17	\$ 3.17	\$ 3.17
Employee + 1 Dependent	12.05	6.03	6.03	6.03	6.03
Family	17.70	8.85	8.85	8.85	8.85

* COBRA Rates

Full time employee regularly working 30 hours or more a week
Part time employee regularly working 20 to 29 hours a week
Employee per pay deduction based on 24 pays