

Employee Cost Share

February 1st, 2021 – January 31st, 2022

A. 2021-2022 MEDICAL Plan Options (Contributions will be taken Per Pay Period on a PRE-TAX BASIS.)

	HMO Health Net Excelcare EOA 10	HMO Health Net EOA 10	PPO Health Net HSA	PPO Health Net 1000
Employee Only	\$36.98	\$52.68	\$102.73	\$140.69
Employee + Spouse	\$341.55	\$379.24	\$499.36	\$590.45
Employee + Child(ren)	\$200.14	\$227.62	\$315.21	\$381.63
Employee + Family	\$482.97	\$530.86	\$683.51	\$799.27

B. 2021-2022 DENTAL Plan Options (Contributions noted below will be taken Per Pay Period on a PRE-TAX BASIS.)

	Aetna Dental DHMO	Aetna Dental PPO
Employee Only	\$1.04	\$15.41
Employee + Spouse	\$7.48	\$36.87
Employee + Child(ren)	\$8.73	\$41.06
Employee + Family	\$17.13	\$69.07

C. 2021-2022 VISION Plan Option (Contributions noted below will be taken Per Pay Period on a PRE-TAX BASIS.)

	Aetna Vision Plan
Employee Only	\$0.52
Employee + Spouse	\$3.27
Employee + Child(ren)	\$3.58
Employee + Family	\$6.45