

## 2021 Health Insurance Plan Rate Comparison

### PEIP Plans

\*Employee/Employer Costs for benefits eligible Para's based on 2020/20201 contract negotiated rates.

	Employee Deduction Per Paycheck	Employee Monthly Contribution	Employer Monthly Contribution	Total Monthly Plan Premium	Total Annual EE Cost	Total Annual ER Contribution	
<b>Advantage Plan</b>							
Employee Only	\$91.96	\$183.92	\$700.00	\$883.92	\$2,207.04	\$8,400.00	
Employee + Children	\$445.52	\$891.04	\$700.00	\$1,591.04	\$10,692.48	\$8,400.00	
Employee + Spouse	\$578.10	\$1,156.20	\$700.00	\$1,856.20	\$13,874.40	\$8,400.00	
Family	\$887.47	\$1,774.94	\$700.00	\$2,474.94	\$21,299.28	\$8,400.00	
<b>Value Plan</b>							
Employee Only	\$47.28	\$94.56	\$700.00	\$794.56	\$1,134.72	\$8,400.00	
Employee + Children	\$365.11	\$730.22	\$700.00	\$1,430.22	\$8,762.64	\$8,400.00	
Employee + Spouse	\$484.29	\$968.58	\$700.00	\$1,668.58	\$11,622.96	\$8,400.00	
Family	\$762.39	\$1,524.78	\$700.00	\$2,224.78	\$18,297.36	\$8,400.00	
<b>HSA Elig Plan</b>							
*Employee Only	\$0.00	\$0.00	\$700.00	\$618.10	\$0.00	\$8,400.00	As ER HSA Cont \$982.80
Employee + Children	\$206.29	\$412.58	\$700.00	\$1,112.58	\$4,950.96	\$8,400.00	
Employee + Spouse	\$298.99	\$597.98	\$700.00	\$1,297.98	\$7,175.76	\$8,400.00	
Family	\$515.32	\$1,030.64	\$700.00	\$1,730.64	\$12,367.68	\$8,400.00	

\*Based on current contract language the remaining employer share is deposited into an HSA account. The HSA eligible Plan is the only plan this would apply to.