

MEDICAL AND DENTAL RATES
EFFECTIVE JULY 1, 2021 THROUGH JUNE 30, 2022
****Subject to Change Pending Negotiations****

				Hired & Enrolled Prior to 7-1-11		Hired & Enrolled Prior to 7-1-11		Hired & Enrolled After 7-1-11		Hired & Enrolled After 7-1-11	
				With Wellness	Change	W/O Wellness	Change	With Wellness	Change	W/O Wellness	Change
All Full Time Employees	2020-2021 Premium Plan	LERC-MMO	COBRA	15%		20%		20%		25%	
	Single	\$713.85	\$728.13	\$107.08	\$19.93	\$142.77	\$22.12	\$142.77	\$8.71	\$178.46	\$10.89
	Family	\$1,784.63	\$1,820.32	\$267.69	\$49.85	\$356.93	\$55.29	\$356.93	\$21.78	\$446.16	\$27.23
	2020-2021 Minimum Value Plan										
	Single	\$520.99	\$531.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Family	\$1,302.47	\$1,328.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
All Full Time Employees	EFFECTIVE 7/1/2021			15%		20%		20%		25%	
	Premium Plan										
	Single	\$756.68	\$771.81	\$113.50	\$6.42	\$151.34	\$8.57	\$151.34	\$8.57	\$189.17	\$10.71
	Family	\$1,891.71	\$1,929.54	\$283.76	\$16.06	\$378.34	\$21.42	\$378.34	\$21.42	\$472.93	\$26.77
	Minimum Value Plan										
	Single	\$552.25	\$563.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Eligible Part-Time Employees (OAPSE)	Family	\$1,380.62	\$1,408.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	EFFECTIVE 7/1/2021										
	Premium Plan			50%		55%		50%		55%	
	Single	\$756.68	\$771.81	\$378.34	\$21.41	\$416.17	\$23.55	\$378.34	\$21.41	\$416.17	\$23.55
	Family	\$1,891.71	\$1,929.54	\$945.86	\$53.54	\$1,040.44	\$58.89	\$945.86	\$53.54	\$1,040.44	\$58.89
	Mimimum Value Plan										
All Employees Cigna Dental	Single	\$552.25	\$563.30	\$276.13	\$15.63	\$303.74	\$17.20	\$276.13	\$15.63	\$303.74	\$17.20
	Family	\$1,380.62	\$1,408.23	\$690.31	\$39.07	\$759.34	\$42.98	\$690.31	\$39.07	\$759.34	\$42.98
	EFFECTIVE 7/1/2021										
	Dental - PPO										
	Single	\$38.15	\$38.91	\$12.70	\$0.00	\$12.70	\$0.00	\$12.70	\$0.00	\$12.70	\$0.00
	Family	\$104.20	\$106.28	\$34.70	\$0.00	\$34.70	\$0.00	\$34.70	\$0.00	\$34.70	\$0.00
	Dental DHMO										
	Single	\$20.58	\$20.99	\$6.86	\$0.00	\$6.86	\$0.00	\$6.86	\$0.00	\$6.86	\$0.00
	Family	\$56.24	\$57.36	\$18.73	\$0.00	\$18.73	\$0.00	\$18.73	\$0.00	\$18.73	\$0.00