

## Proposed Monthly Premium Rates

Provider	Coverage Option	CY 2020	CY 2021	%Change	Est # of Employees (1/1/21)
Blue Cross (PPO)	Single	\$1,312.65	\$1,404.51	7.00%	329
	Couple	\$2,642.36	\$2,827.25	7.00%	350
	Family	\$3,544.15	\$3,792.14	7.00%	322
Blue Cross (HMO)	Single	\$775.57	\$775.57	0.00%	95
	Couple	\$1,628.68	\$1,628.68	0.00%	93
	Family	\$2,326.53	\$2,326.53	0.00%	177
Kaiser (HMO)	Single	\$646.70	\$621.38	-3.92%	469
	Couple	\$1,293.40	\$1,242.75	-3.92%	307
	Family	\$1,830.16	\$1,758.49	-3.92%	507
Delta Dental (PPO)	Single	\$53.02	\$54.60	2.97%	524
	Couple	\$92.15	\$94.89	2.97%	597
	Family	\$138.47	\$142.58	2.97%	774
DeltaCare (DHMO)	Single	\$20.21	\$20.21	0.00%	96
	Couple	\$36.71	\$36.71	0.00%	69
	Family	\$54.32	\$54.32	0.00%	123
Dental Health Services (DHMO)	Single	\$16.82	\$16.82	0.00%	85
	Couple	\$32.60	\$32.60	0.00%	47
	Family	\$49.15	\$49.15	0.00%	116
Vision Service Plan	Single	\$9.99	\$9.99	0.00%	350
	Couple	\$14.45	\$14.45	0.00%	400
	Family	\$25.90	\$25.90	0.00%	508
<b>Voluntary Waiver of Coverage:*</b>					
	Medical	\$253.00			144
	Dental	\$36.00			103
* Waiver of Medical coverage requires proof of alternative coverage.					