

2021 USD 263 Health & Dental Insurance Plan Options

	Option A (\$1500 Ded.)	Option B (\$2500 Ded.)	Option C (\$3500 Ded.)	HDHP Option (\$5000 Ded.)	Dental
Employee	\$482.20	\$470.42	\$462.35	\$452.62	\$32.36
Employee + Spouse	\$969.62	\$944.48	\$927.03	\$905.91	\$64.05
Employee + Child(ren)	\$917.05	\$893.43	\$877.03	\$857.18	\$64.12
Family	\$1,404.47	\$1,367.23	\$1,342.71	\$1,310.39	\$108.93

Note: The premiums above are listed without the \$327.00 per month employer contribution deducted.