

EXHIBIT A-2021 MEDICAL, DENTAL, AND ELECTIVE PREMIUMS		
Effective 1/1/2021	Plan Year 2020	Plan Year 2021
Medical Plan-Total Premium		
Total Premium-Employee Only	\$660.04	\$686.44
Total Premium-Employee + Spouse	\$1,351.06	\$1,405.08
Total Premium-Employee + Child(ren)	\$1,158.04	\$1,204.36
Total Premium-Employee + Family	\$1,904.62	\$1,980.80
Medical Employer Share-monthly		
EE Coverage	\$585.14	\$608.54
EE + Spouse	\$1,070.32	\$1,113.12
EE+Child(ren)	\$917.42	\$954.12
EE+Family	\$1,563.54	\$1,626.08
Medical Employee Share-monthly		
EE Coverage	\$74.90	\$77.90
EE+Spouse	\$280.74	\$291.96
EE+Child(ren)	\$240.62	\$250.24
EE+ Family	\$341.08	\$354.72
Dental Plan-Employee Paid		
Employee Only-monthly	\$34.00	\$34.00
Employee +1-monthly	\$55.00	\$55.00
Employee +2 or more-monthly	\$75.00	\$75.00
Vision Plan-Employee Paid-Fully Insured		
Employee Only-monthly	\$4.92	\$4.92
Employee + Spouse	\$9.35	\$9.36
Employee+ Children	\$9.84	\$9.84
Employee+Family	\$14.47	\$14.48
Administrative Fees		
Benefit Administrative Fee-PEPM	\$8.00	\$8.00
HCSA Fee-Per utilizing employee	\$5.15	\$5.15
DCSA Fee-Per utilizing employee	\$5.15	\$5.15
COBRA Medical (includes 2% administrative fee)		
Individual Only*	\$673.24	\$700.17
Spouse Only	\$704.84	\$733.01
Child(ren)**	\$507.96	\$528.28
Employee +Family	\$1,942.73	\$2,020.42
*Employee or Dependent Child over age 25		
**Dependent Child up thru age 25		
COBRA Dental (includes 2% administrative fee)		
Employee Only	\$34.68	\$34.68
Employee +1	\$56.10	\$56.10
Employee +2	\$76.50	\$76.50
COBRA Vision (includes 2% administrative fee)		
Employee Only	\$5.02	\$5.02
Employee + Spouse	\$9.54	\$9.55
Employee+ Children	\$10.04	\$10.04
Employee+Family	\$14.76	\$14.77