

OCTOBER 1, 2021 PREMIUMS

ASSOCIATE MEDICAL BENEFITS PROGRAM - 50% PREMIUMS

COVERAGE	LEVEL	EMPLOYEE COST	EMPLOYER COST	TOTAL PREMIUMS
Kaiser HMO	Single	\$357.50	\$357.50	\$715.00
	Double	\$746.00	\$746.00	\$1,492.00
	Family	\$1,035.50	\$1,035.50	\$2,071.00
Kaiser H.S.A	Single	\$285.00	\$285.00	\$570.00
	Double	\$594.00	\$594.00	\$1,188.00
	Family	\$824.00	\$824.00	\$1,648.00
Blue Shield H.S.A	Single	\$320.00	\$320.00	\$640.00
	Double	\$698.50	\$698.50	\$1,397.00
	Family	\$982.50	\$982.50	\$1,965.00
Blue Shield HMO	Single	\$406.50	\$406.50	\$813.00
	Double	\$861.50	\$861.50	\$1,723.00
	Family	\$1,198.50	\$1,198.50	\$2,397.00
Blue Shield PPO	Single	\$454.00	\$454.00	\$908.00
	Double	\$966.00	\$966.00	\$1,932.00
	Family	\$1,345.50	\$1,345.50	\$2,691.00
ANNUAL H.S.A DISTRICT CONTRIBUTIONS FOR ASSOCIATE H.S.A. ENROLLEES				
	Single		\$600.00	
	Double/Family		\$900.00	