

Insurance Rates 12/1/20-11/30/21

	<u>Employee</u>	<u>Per Pay</u>	<u>Employer</u>	<u>Total (mo)</u>
Anthem HealthKeepers OAPOS				
<u>Gold Plan</u>				
Anthem 1500/30%/4750				
\$1,500/\$3,000 Ded.; \$4750 max out-of-pocket				
Employee Only	\$144.11	\$66.51	\$576.46	\$720.57
Emp + Spouse	\$684.54	\$315.94	\$756.60	\$1,441.14
Emp + Child(ren)	\$657.51	\$303.47	\$747.60	\$1,405.11
Family	\$1,197.94	\$552.90	\$927.74	\$2,125.68
<u>Silver Plan</u>				
Anthem 4000/20%/7350				
\$4,000/\$8,000 Ded.; \$7350 max out-of-pocket				
Employee Only	\$126.09	\$58.20	\$504.38	\$630.47
Emp + Spouse	\$598.94	\$276.43	\$662.00	\$1,260.94
Emp + Child(ren)	\$575.30	\$265.52	\$654.12	\$1,229.42
Family	\$1,048.15	\$483.76	\$811.74	\$1,859.89
Delta Dental				
Employee Only	\$5.78	\$2.67	\$23.12	\$28.90
Emp + Spouse	\$24.55	\$11.33	\$37.08	\$61.63
Emp + Child(ren)	\$26.17	\$12.08	\$37.62	\$63.79
Family	\$52.12	\$24.06	\$46.27	\$98.39
VSP Vision				
Employee Only	\$7.44	\$3.43	\$2.48	\$9.92
Emp + Spouse	\$12.53	\$5.78	\$4.18	\$16.70
Emp + Child(ren)	\$12.79	\$5.90	\$4.26	\$17.05
Family	\$20.62	\$9.52	\$6.87	\$27.49
Dearborn Life & Short-Term Disability				
Employee Only	\$0.00	\$0.00	\$0.00	\$9.73