



Effective Date: 11/1/2021
 Waiting Period: FOMA 30 Days

Employer Contribution Schedule				
Single	Employee Child(ren)	Employee + Spouse	Family	
50%	50%	50%	50%	
Plan Option	Status	Monthly Premium	Company Contribution	EE Contribution
\$3,000 Traditional	Single	\$428.00	\$214.00	\$214.00
	EE+ Spouse	\$862.69	\$431.35	\$431.35
	EE+ Child(ren)	\$737.19	\$368.59	\$368.59
	Family	\$1,169.15	\$584.58	\$584.58
\$4,000 Traditional	Single	\$345.00	\$172.50	\$172.50
	EE+ Spouse	\$680.68	\$340.34	\$340.34
	EE+ Child(ren)	\$648.68	\$324.34	\$324.34
	Family	\$1,023.07	\$511.54	\$511.54
\$5,000 H.S.A.	Single	\$380.90	\$190.45	\$190.45
	EE+ Spouse	\$767.81	\$383.90	\$383.90
	EE+ Child(ren)	\$656.08	\$328.04	\$328.04
	Family	\$992.69	\$496.34	\$496.34

Dentist Direct				
Plan Option	Status	Monthly Premium	ER Contribution	EE Contribution
Peak Discount	Employee	\$9.50	\$0.00	\$9.50
	Employee + 1	\$19.00	\$0.00	\$19.00
	Family	\$28.50	\$0.00	\$28.50
Summit	Employee	\$19.00	\$0.00	\$19.00
	Employee + 1	\$39.25	\$0.00	\$39.25
	Family	\$56.00	\$0.00	\$56.00
Pinnacle	Employee	\$38.00	\$0.00	\$38.00
	Employee + 1	\$72.00	\$0.00	\$72.00
	Family	\$136.00	\$0.00	\$136.00

Vision				
Plan Option	Status	Monthly Premium	ER Contribution	EE Contribution
Base \$130	Employee	\$11.49		\$11.49
	Employee + 1	\$16.65		\$16.65
	Family	\$29.85		\$29.85
Buy Up \$180	Employee	\$17.24		\$17.24
	Employee + 1	\$24.98		\$24.98
	Family	\$44.80		\$44.80