

| EMPLOYEE GROUP HEALTH PLAN RATES | | | | | | |
|--|-------------------------------------|-----------------------------------|-----------------------------|--------------------------------|----------------------------|--------------------------------|
| <i>January 1, 2021 – December 31, 2021</i> | | | | | | |
| Point-of-Service (POS) Plan (medical & prescription drugs only) | | | | | | |
| | Employee (monthly share) | County (monthly share) | Total (monthly) | Employee (biweekly) | | |
| Employee Only | | | | | | |
| 30 + hours/week | \$138.89 | \$771.81 | \$910.70 | | | \$69.45 |
| 20-29 hours/week | \$455.35 | \$455.35 | | | | \$227.68 |
| Employee + 1 | | | | | | |
| 30 + hours/week | \$350.38 | \$1,379.92 | \$1,730.30 | | | \$175.19 |
| 20-29 hours/week | \$846.70 | \$865.13 | | | | \$432.59 |
| Family | | | | | | |
| 30 + hours/week | \$609.38 | \$1,803.94 | \$2,413.32 | | | \$304.69 |
| 20-29 hours/week | \$1,448.00 | \$965.32 | | | | \$724.00 |
| COBRA - POS | | | | | | |
| Individual | \$928.91 | | | | | |
| Individual + 1 | \$1,764.91 | | | | | |
| Family | \$2,461.59 | | | | | |
| Open Access Plus (OAP) Plan (medical & prescription drugs only) | | | | | | |
| | Employee (monthly share) | County (monthly share) | Total (monthly) | Employee (biweekly) | | |
| Employee Only | | | | | | |
| 30 + hours/week | \$61.92 | \$712.16 | \$774.08 | | | \$30.96 |
| 20-29 hours/week | \$387.06 | \$387.02 | | | | \$193.53 |
| Employee + 1 | | | | | | |
| 30 + hours/week | \$198.55 | \$1,272.21 | \$1,470.76 | | | \$99.28 |
| 20-29 hours/week | \$735.38 | \$735.38 | | | | \$367.69 |
| Family | | | | | | |
| 30 + hours/week | \$471.81 | \$1,579.52 | \$2,051.33 | | | \$235.91 |
| 20-29 hours/week | \$1,230.80 | \$820.53 | | | | \$615.40 |
| COBRA - OAP | | | | | | |
| Individual | \$789.56 | | | | | |
| Individual + 1 | \$1,500.18 | | | | | |
| Family | \$2,092.36 | | | | | |
| CIGNA Choice HSA / HRA (medical & prescription drugs only) | | | | | | |
| | Employee (monthly share) | County | | | Total (monthly) | Employee (biweekly) |
| | | (monthly share) | HSA/HRA Contribution | | | |
| | | | <i>monthly</i> | <i>annual</i> | | |
| Employee Only | | | | | | |
| 30 + hours/week | \$31.61 | \$516.93 | \$83.33 | \$1,000.00 | \$631.87 | \$15.81 |
| 20-29 hours/week | \$329.76 | \$263.14 | \$40.17 | \$482.00 | | \$164.29 |
| Employee + 1 | | | | | | |
| 30 + hours/week | \$114.75 | \$922.34 | \$166.67 | \$2,000.00 | \$1,203.32 | \$57.16 |
| 20-29 hours/week | \$664.35 | \$465.65 | \$75.83 | \$910.00 | | \$330.92 |
| Family | | | | | | |
| 30 + hours/week | \$302.89 | \$1,208.59 | \$166.67 | \$2,000.00 | \$1,678.11 | \$151.03 |
| 20-29 hours/week | \$1,009.63 | \$595.39 | \$75.83 | \$910.00 | | \$503.44 |
| COBRA –CIGNA Choice | HSA | HRA | | | | |
| Individual | \$559.51 | \$646.85 | | | | |
| Individual + 1 | \$1,057.38 | \$1,232.07 | | | | |
| Family | \$1,541.67 | \$1,716.35 | | | | |

| EMPLOYEE GROUP HEALTH PLAN RATES | | | | |
|--|-------------------------------------|-----------------------------------|----------------------------|--------------------------------|
| <i>January 1, 2021 – December 31, 2021</i> | | | | |
| Dental & Vision | | | | |
| | Employee (monthly share) | County (monthly share) | Total (monthly) | Employee (biweekly) |
| Employee Only | | | | |
| 30 + hours/week | \$7.61 | \$43.12 | \$50.73 | \$3.81 |
| 20-29 hours/week | \$25.37 | \$25.36 | | \$12.69 |
| Employee + 1 | | | | |
| 30 + hours/week | \$18.33 | \$73.33 | \$91.66 | \$9.17 |
| 20-29 hours/week | \$45.83 | \$45.83 | | \$22.92 |
| Family | | | | |
| 30 + hours/week | \$31.71 | \$95.14 | \$126.85 | \$15.86 |
| 20-29 hours/week | \$76.11 | \$50.74 | | \$38.06 |
| COBRA | | | | |
| Individual | \$51.74 | | | |
| Individual + 1 | \$93.49 | | | |
| Family | \$129.39 | | | |