



**Blue Cross Blue Shield
2021-2022 Insurance Rates
Total Monthly Premium**

-ESU #13 contributes \$492 towards premium for full time employees for months worked-
All employees with an FTE under 1.0 (under 40 hours/week) please contact the payroll office
for information on ESU #13's contribution.

High Deductible Health and Dental Plan - \$3800 Deductible

(An application must be filled out the first time you sign up for Health or Dental Insurance.)

*(You cannot have both a Select Flex account and a HSA)

Employee (EE) Health (H) Dental (D)

Total Cost per Plan		Employee Cost for a 1.0 FTE Employee
EE H/EE D	\$660.92	EE Share \$168.92
EE H/EE & Children D	\$685.99	EE Share \$193.99
EE H/EE & Spouse D	\$693.38	EE Share \$201.38
EE H/Family D	\$714.67	EE Share \$222.67
EE & Children H/EE D	\$1197.64	EE Share \$705.64
EE & Children H/EE & Children D	\$1222.71	EE Share \$730.71
EE & Children H/EE & Spouse D	\$1230.10	EE Share \$738.10
EE & Children H/Family D	\$1251.39	EE Share \$759.39
EE & Spouse H/EE D	\$1355.47	EE Share \$863.47
EE & Spouse H/EE & Children D	\$1380.54	EE Share \$888.54
EE & Spouse H/EE & Spouse D	\$1387.93	EE Share \$895.93
EE & Spouse H/Family D	\$1409.22	EE Share \$917.22
Family H/EE D	\$1809.92	EE Share \$1317.92
Family H/EE & Children D	\$1834.99	EE Share \$1342.99
Family H/EE & Spouse D	\$1842.38	EE Share \$1350.38
Family H/Family D	\$1863.67	EE Share \$1371.67