

DCSD Monthly Insurance Plan Contributions 2020 – 2021

Kaiser Permanente

DHMO	Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2020/2021 COBRA Rates
Employee	608.74	12.25	270.03	620.91
Employee + Spouse	1247.92	535.10	817.75	1272.88
Employee + Child(ren)	1217.49	513.70	793.48	1241.84
Family (Employee + Spouse + Children)	1759.27	796.38	1174.12	1794.46

HDHP	Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2020/2021 COBRA Rates
Employee	406.69	8.73	170.16	414.82
Employee + Spouse	833.72	192.90	438.71	850.39
Employee +Child(ren)	813.38	172.46	419.83	829.65
Family (Employee + Spouse + Children)	1175.34	350.34	658.86	1198.85

CIGNA/Allegiance *Total Monthly Premiums are inclusive of a medical fund subsidy for all Cigna/Allegiance plans

PPO/OAP	*Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2020/2021 COBRA Rates
Employee	766.18	71.66	321.48	781.50
Employee + Spouse	1570.80	648.90	926.82	1602.22
Employee + Child(ren)	1532.48	631.82	903.54	1563.13
Family (Employee + Spouse + Children)	2214.48	970.37	1336.24	2258.77

HDHP	*Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2020/2021 COBRA Rates
Employee	579.21	41.49	239.94	590.79
Employee + Spouse	1187.51	304.56	608.98	1211.26
Employee +Child(ren)	1158.53	287.99	589.24	1181.70
Family (Employee + Spouse + Children)	1674.14	518.02	905.81	1707.62

Delta Dental

Premier	Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2020/2021 COBRA Rates
Employee	41.48	25.59	32.47	42.31
Employee + Spouse	82.96	64.97	71.83	84.62
Employee + Child(ren)	93.34	74.82	81.67	95.25
Family (Employee + Spouse + Children)	147.25	126	132.83	150.20

Basic	Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2020/2021 COBRA Rates
Employee	14.28	0.00	6.89	14.57
Employee + Spouse	28.56	14.28	20.67	29.13
Employee + Child(ren)	32.13	17.85	24.11	32.77
Family (Employee + Spouse + Children)	50.69	36.41	42.02	51.70

Vision Service Plan

Vision	Total Monthly Premium	Full-time Employees Monthly Deduction Amount	Part-time Employees Monthly Deduction Amount	2020/2021 COBRA Rates
Employee	7.90	7.90	7.90	8.06
Employee + Spouse	17.81	17.81	17.81	18.17
Employee + Child(ren)	19.27	19.27	19.27	19.66
Family (Employee + Spouse + Children)	30.80	30.80	30.80	31.42