

2021 Benefit Rates

(Per Pay Period)



Medical	Employee Only	Employee + 1	Employee + 2
UnitedHealthcare SignatureValue Performance HMO – Network 1	\$359.78	\$719.29	\$1,017.59
UnitedHealthcare SignatureValue Performance HMO – Network 2	\$461.28	\$922.26	\$1,304.75
UnitedHealthcare SignatureValue Alliance HMO	\$345.21	\$690.14	\$976.36
UnitedHealthcare Select Plus – PPO	\$629.72	\$1,259.42	\$1,782.10
UnitedHealthcare Select Plus – HDHP/HSA	\$514.56	\$1,029.09	\$1,456.17
Kaiser Permanente – HMO	\$292.93	\$585.86	\$828.99
Kaiser Permanente – HDHP/HSA	\$228.67	\$457.34	\$647.13

Dental	Employee Only	Employee + 1	Employee + 2
Delta Dental – PPO	\$25.13	\$50.25	\$71.75
Delta Dental – DeltaCare USA DHMO	\$7.92	\$14.31	\$18.33

Vision	Employee Only	Employee + 1	Employee + 2
VSP	\$4.67	\$10.79	\$14.63

