



PY2021 Medical Coverage

10/01/2020 - 09/30/2021

Medical Coverage				
	Medical/Rx Coverage	Premium	EE Pays	Per Pay Period
Plan 1100NGS Deductible \$750/\$2250 Office Visit Copay \$25/Physician or \$35/Specialist Coinsurance 80/20 Virtual Visit \$10 ER \$150 Urgent Care/Outpatient ER \$25/\$35 Rx \$10/\$25/\$40	<i>EE only (county pays)</i>	\$865.46	\$0.00	\$0.00
	<i>EE + Child</i>	\$1,176.46	\$311.00	\$155.50
	<i>EE + Children</i>	\$1,549.78	\$684.32	\$342.16
	<i>EE + Spouse</i>	\$1,816.92	\$951.46	\$475.73
	<i>EE + Family</i>	\$2,353.38	\$1,487.92	\$743.96
	** Plan does include out-of-network benefits.			

Dental			
	Premium	EE Pays	Per Pay Period
<i>EE only (county pays)</i>	\$31.82	\$0.00	\$0.00
<i>EE + Spouse</i>	\$63.64	\$31.82	\$15.91
<i>EE + Child(ren)</i>	\$88.28	\$56.46	\$28.23
<i>EE + Family</i>	\$120.10	\$88.28	\$44.14

Vision			
	Premium	EE Pays	Per Pay Period
<i>EE only</i>	\$6.20	\$6.20	\$3.10
<i>EE + Spouse</i>	\$11.80	\$11.80	\$5.90
<i>EE + Child(ren)</i>	\$12.43	\$12.43	\$6.22
<i>EE + Family</i>	\$18.28	\$18.28	\$9.14

Medical, Dental and Vision are with Blue Cross Blue Shield