

Monroe County Board of County Commissioners	2021 Employee/Dependent Rates				2021 COBRA Rates	
	Current Traditional Plan	Current Traditional Plan	HDHP/HSA	HDHP/HSA	Current Traditional Plan	HDHP/HSA
	Monthly Rate	BiWeekly Rate	Monthly Rate	BiWeekly Rate	Monthly Rate	Monthly Rate
EMPLOYEE AND DEPENDENT MEDICAL/RX PREMIUMS EFFECTIVE 1/1/21						
Employees Paying \$25 Premium (Hired prior to 5/1/2012)	\$50	\$23	\$0	\$0	\$878	\$733
Employees Paying \$50 Premium (Hired 5/1/12 or later)	\$75	\$35	\$0	\$0	\$878	\$733
LWOP ACTIVE EMPLOYEE ONLY	\$872	N/A	\$857	N/A	N/A	N/A
EMPLOYEE DEPENDENTS ONLY (HIRED PRIOR TO 1/1/18)						
Spouse Only	\$382	\$176	\$299	\$138	\$1,201	\$1,005
Spouse + 1 child	\$552	\$255	\$432	\$199	\$1,735	\$1,451
Spouse + 2 or more children	\$806	\$372	\$631	\$291	\$2,536	\$2,122
One child only	\$170	\$78	\$133	\$61	\$533	\$447
Two children only	\$340	\$157	\$266	\$122	\$1,068	\$894
Three children only	\$510	\$235	\$399	\$184	\$1,601	\$1,339
Four children only	\$680	\$314	\$532	\$246	\$2,135	\$1,786
Five + Children	\$849	\$392	\$665	\$307	\$2,669	\$2,233
EMPLOYEE DEPENDENTS ONLY (HIRED ON OR AFTER 1/1/18)						
Spouse Only	\$589	\$272	\$493	\$228	\$1,201	\$1,005
Spouse + 1 child	\$851	\$393	\$712	\$329	\$1,735	\$1,451
Spouse + 2 or more children	\$1,243	\$574	\$1,040	\$480	\$2,536	\$2,122
One child only	\$262	\$121	\$219	\$101	\$533	\$447
Two children only	\$524	\$242	\$438	\$202	\$1,068	\$894
Three children only	\$785	\$362	\$657	\$303	\$1,601	\$1,339
Four children only	\$1,047	\$483	\$876	\$404	\$2,135	\$1,786
Five + Children	\$1,309	\$604	\$1,095	\$505	\$2,669	\$2,233
DENTAL AND VISION PREMIUMS EFFECTIVE 1/1/21						
DENTAL INSURANCE - Delta Dental						
GOLD OPTION			Monthly Rate		BiWeekly Rate	
Employee Only			\$55.50		\$25.62	
Employee & Spouse Only			\$105.03		\$48.48	
Employee & Children Only			\$113.37		\$52.32	
Full Family			\$164.19		\$75.78	
SILVER OPTION			Monthly Rate		BiWeekly Rate	
Employee Only			\$42.04		\$19.40	
Employee & Spouse Only			\$81.38		\$37.56	
Employee & Children Only			\$87.17		\$40.25	
Full Family			\$130.50		\$60.23	
VISION INSURANCE - VSP						
HIGH OPTION			Monthly Rate		BiWeekly Rate	
Employee Only			\$9.38		\$4.33	
Employee & Spouse Only			\$18.74		\$8.65	
Employee & Children Only			\$20.04		\$9.25	
Full Family			\$32.04		\$14.79	
LOW OPTION			Monthly Rate		BiWeekly Rate	
Employee Only			\$4.49		\$2.07	
Employee & Spouse Only			\$8.98		\$4.14	
Employee & Children Only			\$9.61		\$4.44	
Full Family			\$15.36		\$7.09	