



Health Contributions for 2021 Health Benefits STU

2021 Medical Plan Premiums (Monthly)

Plan Code	Plan Type	County Contribution	Employee Contribution
Blue Shield HMO			
5251	Employee Only	\$598.78	\$571.30
5252	Employee+1	\$1,057.30	\$1,282.86
5253	Family	\$1,343.41	\$1,698.80
PERS Care PPO			
5661	Employee Only	\$598.78	\$695.90
5662	Employee+1	\$1,057.30	\$1,532.08
5663	Family	\$1,343.41	\$2,022.78
PERS Choice PPO			
5481	Employee Only	\$598.78	\$337.06
5482	Employee+1	\$1,057.30	\$814.38
5483	Family	\$1,343.41	\$1,089.76
PERS Select PPO			
5571	Employee Only	\$598.78	-\$32.12
5572	Employee+1	\$1,057.30	\$76.04
5573	Family	\$1,343.41	\$129.92

2021 Delta Dental Premiums (Monthly)

	Employee	Employee+1	Family
Plan A-PPO/DPO	\$38.21	\$83.41	\$131.07
Plan B-Premier	\$41.64	\$89.94	\$133.51

2021 VSP Vision Premiums (Monthly)

	Employee	Employee+1	Family
Vision plan	\$13.90	\$13.90	\$13.90

Note: Rates may vary for those with part-time status, out of area plans, or domestic partners. Please contact Human Resources for further information. HR.Benefits@buttecounty.net.

Employee contribution will be divided between the 1st and 2nd pay period of the month. Employee contributions that result in a credit, may become taxable income if you are not participating in another pre-taxed benefit such as, dental, vision, Medical FSA, Dependent Care FSA or a 457 plan.

County contribution is subject to Memorandum of Understanding or Salary and Benefits Resolution.