



**Health Contributions  
for 2021 Health Benefits  
Teamsters - General**

**2021 Medical Plan Premiums (Monthly)**

Plan Code	Plan Type	County Contribution	Employee Contribution
<b><u>Select Plus- No Deductible Plan</u></b>			
1	Employee Only	\$532.78	<b>\$175.22</b>
2	Employee + Spouse	\$976.00	<b>\$206.00</b>
3	Employee + Child(ren)	\$884.00	<b>\$202.00</b>
4	Employee + Family	\$1,192.00	<b>\$324.00</b>
<b><u>Plan E- High Deductible and H.S.A Plan</u></b>			
1	Employee Only	\$532.78	<b>\$107.22</b>
2	Employee + Spouse	\$976.00	<b>\$89.00</b>
3	Employee + Child(ren)	\$884.00	<b>\$98.00</b>
4	Employee + Family	\$1,192.00	<b>\$161.00</b>

**2021 Delta Dental Premiums (Monthly)**

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

**2021 VSP Vision Premiums (Monthly)**

	Employee	Employee+1	Family
<b>Vision plan</b>	\$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](mailto:HR.Benefits@buttecounty.net).

Employee contribution will be divided between the 1<sup>st</sup> and 2<sup>nd</sup> pay period of the month.

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