

**2021-22 MONTHLY BLUE CROSS BLUE SHIELD PREMIUM AMOUNTS****ESU 6 Teacher Association Benefit Table***Effective 9-1-2021*

ESU pays 100% of premium prorated according to FTE

<b>Health Coverage (EHA \$850 Deductible Plan)</b>			
<b>Coverage Level</b>	<b>Total Monthly Premium</b>	<b>Monthly ESU Share</b>	<b>Monthly Employee Share (pre-tax)</b>
Employee Only	687.33	687.33	-
Employee & Children	1,271.57	1,271.57	-
Employee & Spouse	1,443.39	1,443.39	-
Employee, Spouse & Children	1,938.10	1,938.10	-

<b>Dental Coverage (EHA PPO Option 2 - 100% A, 75% B, 50% C)</b>			
<b>Coverage Level</b>	<b>Total Monthly Premium</b>	<b>Monthly ESU Share</b>	<b>Monthly Employee Share (pre-tax)</b>
Employee Only	29.54	29.54	-
Employee & Children	54.61	54.61	-
Employee & Spouse	62.00	62.00	-
Employee, Spouse & Children	83.29	83.29	-