

**2021-22 MONTHLY BLUE CROSS BLUE SHIELD PREMIUM AMOUNTS****Paraeducators (9 month)***Effective 9-1-21*

ESU pays 85% of premium prorated according to FTE

Premium is deducted September through May for coverage September 1, 2021 - August 31, 2022.

**Health Coverage (EHA \$850 Deductible Plan)**

Coverage Level	Total Monthly Premium	Monthly ESU Share	Monthly Employee Share (pre-tax)
Employee Only	964.67	825.34	139.33
Employee & Children	1,784.65	1,516.96	267.70
Employee & Spouse	2,025.81	1,721.94	303.87
Employee, Spouse & Children	2,720.15	2,312.12	408.02

**Dental Coverage (EHA PPO Option 2 - 100% A, 75% B, 50% C)**

Coverage Level	Total Monthly Premium	Monthly ESU Share	Monthly Employee Share (pre-tax)
Employee Only	39.39	33.48	5.91
Employee & Children	72.81	61.89	10.92
Employee & Spouse	82.67	70.27	12.40
Employee, Spouse & Children	111.05	94.40	16.66