

2021-22 MONTHLY BLUE CROSS BLUE SHIELD PREMIUM AMOUNTS**Non-Union (12 month)***Effective 9-1-21*

ESU pays 85% of premium prorated according to FTE

Health Coverage (EHA \$850 Deductible Plan)

Coverage Level	Total Monthly Premium	Monthly ESU Share	Monthly Employee Share (pre-tax)
Employee Only	723.50	619.00	104.50
Employee & Children	1,338.49	1,137.72	200.77
Employee & Spouse	1,519.36	1,291.46	227.90
Employee, Spouse & Children	2,040.11	1,734.09	306.02

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	29.54	25.11	4.43
Employee & Children	54.61	46.42	8.19
Employee & Spouse	62.00	52.70	9.30
Employee, Spouse & Children	83.29	70.80	12.49