



BENEFIT PLAN PAYROLL DEDUCTION AMOUNTS

Per Paycheck: 24 Per Year

From: **1/1/2021**

To: **12/31/2021**

Premera

Medical

How Enrolled Per Paycheck

Choice 1500 Gold

Employee Only	\$64.62
Emp + Spouse	\$258.49
Emp + 1 Child	\$170.30
Emp + 1 Adult Child	\$258.49
Emp + 2 Children	\$275.97
Emp + 2 Adult Children	\$452.36
Emp + 1 Child + 1 Adult Child	\$364.17
Emp + 3 Children	\$381.65
Emp + 3 Adult Children	\$646.23
Emp + 1 Child + 2 Adult Children	\$558.03
Emp + 2 Children + 1 Adult Child	\$469.84
Emp + 4+ children	<i>Call Wingert Financial Services for rate</i>
Emp + Spouse + 1 Child	\$364.17
Emp + Spouse + 1 Adult Child	\$452.36
Emp + Spouse + 2 Children	\$469.84
Emp + Spouse + 2 Adult Children	\$646.23
Emp + Spouse + 1 Child + 1 Adult Child	\$558.03
Emp + Spouse + 3 Children	\$575.52
Emp + Spouse + 3 Adult Children	\$840.09
Emp + Spouse + 1 Child + 2 Adult Children	\$751.90
Emp + Spouse + 2 Children + 1 Adult Child	\$663.71
Emp + Spouse + 4+ children	<i>Call Wingert Financial Services for rate</i>

Delta

Dental

Employee Only	\$7.46
Employee + Spouse	\$31.63
Employee + Children	\$33.90
Family	\$58.11

VSP

Vision

Employee Only	\$0.84
Employee + Spouse	\$2.34
Employee + Children	\$2.42
Family	\$4.93