

# The Cost of Your 2021-2022 Benefits

## Group A Employees

The tables below show the per paycheck employee cost for medical, dental, and vision insurance.

Bi-Weekly Medical Rates		
	Allied MEC	Allied MEC Orange
Employee	\$17.08	\$42.64
Employee + Spouse	\$44.26	\$154.97
Employee + Child(ren)	\$80.88	\$181.15
Family	\$108.05	\$256.26

Bi-Weekly Medical Rates			
	Kaiser <i>California, Colorado, Maryland, Virginia and Washington, D.C. employees only</i>	Blue Cross Blue Shield HMO <i>Illinois employees only</i>	
		Non-Tobacco	Tobacco
Employee	\$74.06	\$62.00	\$86.80
Employee + Spouse	\$379.49	\$324.22	\$453.90
Employee + Child(ren)	\$268.85	\$220.32	\$308.45
Family	\$472.74	\$383.76	\$527.27

Bi-Weekly Medical Rates						
	Blue Cross Blue Shield Silver		Blue Cross Blue Shield Bronze <i>Employees making \$12.00 or less per hour</i>		Blue Cross Blue Shield Bronze <i>Employees making \$12.01 or more per hour</i>	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee	\$106.49	\$149.08	\$53.08	\$74.31	\$76.62	\$107.26
Employee + Spouse	\$425.22	\$568.72	\$362.62	\$506.12	\$367.00	\$498.45
Employee + Child(ren)	\$308.80	\$432.33	\$256.62	\$359.26	\$256.71	\$359.39
Family	\$523.22	\$666.72	\$439.85	\$583.35	\$442.48	\$573.92

Bi-Weekly Dental and Vision Rates				
	Blue Cross Blue Shield		VSP	
	Dental Gold	Dental Platinum	Standard Vision	Enhanced Vision
Employee	\$11.15	\$16.80	\$2.64	\$5.72
Employee + Spouse	\$23.40	\$35.29	\$4.23	\$9.18
Employee + Child(ren)	\$20.62	\$31.09	\$4.32	\$9.38
Family	\$31.20	\$47.06	\$6.96	\$15.11

The cost of your other benefit choices depends on different factors, such as who you choose to cover and the amount of coverage you'd like. The benefit counselor will give you a customized rate during your individual meeting.