

2021 Employee Benefits Renewal (Per Pay Period (24 Pay Periods))

Health Insurance

Employee only  
Employee & spouse  
Employee & children  
Employee & family

2020	2021		
		Variance	%
Cigna 1500 (Choice)	Cigna 1500 (Choice)*		
65.60	69.53	3.93	6.0%
139.40	146.64	7.24	5.2%
118.50	126.05	7.55	6.4%
202.50	215.57	13.07	6.5%
Cigna 3500 (Base)	Cigna 3500 (Base)*		
49.00	52.55	3.55	7.2%
104.50	111.81	7.31	7.0%
87.00	92.65	5.65	6.5%
152.50	162.71	10.21	6.7%
Cigna HDHP	Cigna HDHP **		
22.50	22.98	0.48	2.1%
64.00	62.74	-1.26	-2.0%
56.50	55.51	-0.99	-1.8%
98.50	95.27	-3.23	-3.3%

\* Cigna plan includes Healthiest You telehealth program.

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\*\* HDHP includes a PCCLD Health Savings Account Contribution of \$100 per calendar quarter per enrolled employee.

Dental

Employee only  
Employee & spouse  
Employee & children  
Employee & family

2020	2021
MET LIFE	MET LIFE
3.36	3.36
7.58	7.58
8.27	8.27
14.08	14.08

Employee only  
Employee & spouse  
Employee & children  
Employee & family

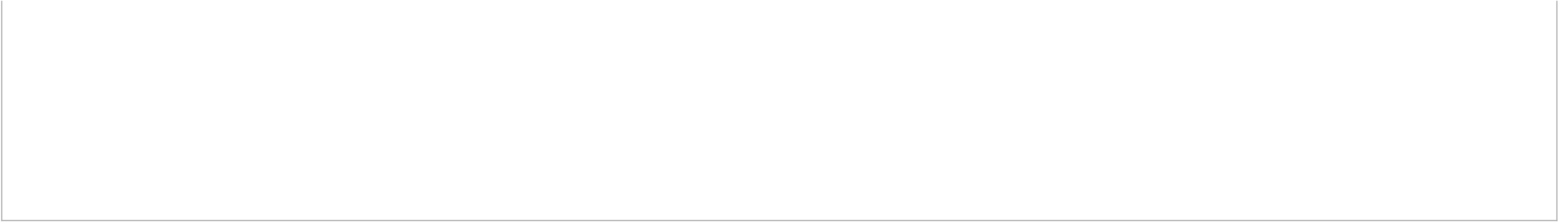
Alpha Discount Plan	Alpha Discount Plan
1.06	1.06
2.18	2.18
3.08	3.08
3.76	3.76

Vision

Employee only  
Employee & spouse  
Employee & children  
Employee & family

Eye-Med	Eye-Med
0.45	0.45
0.95	0.95
1.01	1.01
1.53	1.53

Full Cost of 2021 Employee Benefits:



[illegible]

Employee & children	8.47	8.27			
Employee & family	14.42	14.08			
	<b>Alpha Discount Plan</b>	<b>Alpha Discount Plan</b>			
Employee only	1.06	1.06			
Employee & spouse	2.18	2.18			
Employee & children	3.08	3.08			
Employee & family	3.76	3.76			
<b>Vision</b>	<b>Eye-Med</b>	<b>Eye-Med</b>			
Employee only	0.45	0.45			
Employee & spouse	0.95	0.95			
Employee & children	1.01	1.01			
Employee & family	1.53	1.53			
<b>Full Cost of 2020 Employee Benefits:</b>		<b>\$742,595 (PCCLD Portion is approximately 80% of total = \$578,717)</b>			

[illegible]

