2021 Employee Benefits Renewal

(Per Pay Period (24 Pay Periods))

	2020	2021			
			Variance	%	
Health Insurance	_				
	Cigna 1500 (Choice)	Cigna 1500 (Choice)*			* Cigna plan includes Healthiest You telehealth program.
Employee only	65.60	69.53	3.93	6.0%	
Employee & spouse	139.40	146.64	7.24	5.2%	
Employee & children	118.50	126.05	7.55	6.4%	
Employee & family	202.50	215.57	13.07	6.5%	
	Cigna 3500 (Base)	Cigna 3500 (Base)*			* Cigna plan includes Healthiest You telehealth program.
Employee only	49.00	52.55	3.55	7.2%	
Employee & spouse	104.50	111.81	7.31	7.0%	
Employee & children	87.00	92.65	5.65	6.5%	
Employee & family	152.50	162.71	10.21	6.7%	
	Cigna HDHP	Cigna HDHP **			** HDHP includes a PCCLD Health Savings Account Col
Employee only	22.50	22.98	0.48	2.1%	\$100 per calendar quarter per enrolled employee.
Employee & spouse	64.00	62.74	-1.26	-2.0%	
Employee & children	56.50	55.51	-0.99	-1.8%	
Employee & family	98.50	95.27	-3.23	-3.3%	

Dental	2020	2021	
	MET LIFE	MET LIFE	
Employee only	3.36	3.36	
Employee & spouse	7.58	7.58	
Employee & children	8.27	8.27	
Employee & family	14.08	14.08	
	Alpha Discount Plan	Alpha Discount Plan	
Employee only	1.06	1.06	
Employee & spouse	2.18	2.18	
Employee & children	3.08	3.08	
Employee & family	3.76	3.76	
Vision	Eye-Med	Eye-Med	
Employee only	0.45	0.45	
Employee & spouse	0.95	0.95	
Employee & children	1.01	1.01	
Employee & family	1.53	1.53	

Full Cost of 2021 Employee Benefits:

Contribution of

2020 Employee B	enefits Renewal	(Per Pay Period (24 Pay Periods))			
	2019	2020 - Triple Option			
			Variance	%	
Health Insurance					
	Cigna 1000 (Choice)	Cigna 1500 (Choice)*			* Cigna plar
Employee only	59.71	65.50	5.79	9.7%	
Employee & spouse	126.90	139.50	12.60	9.9%	
Employee & children	103.78	118.50	14.72	14.2%	
Employee & family	173.87	202.50	28.63	16.5%	
	Cigna 3500 (Base)	Cigna 3500 (Base)*			* Cigna plaı
Employee only	46.22	49.00	2.78	6.0%	
Employee & spouse	99.06	104.50	5.44	5.5%	
Employee & children	80.88	87.00	6.12	7.6%	
Employee & family	136.00	152.50	16.50	12.1%	
		Cigna HDHP **			** HDHP in
Employee only		22.50			\$100 pe
Employee & spouse		64.00			
Employee & children		56.50			
Employee & family		98.50			
Dental	2019	2020			
	MET LIFE	MET LIFE			
Employee only	3.44	3.36			
Employee & spouse	7.76	<del>)</del> 7.58			

		8.27	8.47	Employee & children
		14.08	14.42	Employee & family
		pha Discount Plan	Alpha Discount Plan	
		1.06	1.06	Employee only
		2.18	2.18	Employee & spouse
		3.08	3.08	Employee & children
		3.76	3.76	Employee & family
		Eye-Med	Eye-Med	Vision
		0.45	0.45	Employee only
		0.95	0.95	Employee & spouse
		1.01	1.01	Employee & children
		1.53	1.53	Employee & family
\$578.717	ately 80% of total =	595 (PCCLD Portion is approxima	nefits:	Full Cost of 2020 Employee Be
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