

2020-21 MONTHLY BLUE CROSS BLUE SHIELD PREMIUM AMOUNTS**Paraeducators (9 month)***Effective 9-1-20*

ESU pays 85% of premium prorated according to FTE

Premium is deducted September through May for coverage September 1, 2020 - August 31, 2021.

Health Coverage (EHA \$850 Deductible Plan)

Coverage Level	Total Monthly Premium	Monthly ESU Share	Monthly Employee Share (pre-tax)
Employee Only	936.03	800.31	135.72
Employee & Children	1,731.67	1,471.92	259.75
Employee & Spouse	1,965.67	1,670.82	294.85
Employee, Spouse & Children	2,639.39	2,243.48	395.91

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	39.39	33.48	5.91
Employee & Children	72.81	61.89	10.92
Employee & Spouse	82.67	70.27	12.40
Employee, Spouse & Children	111.05	94.40	16.66