

2020-2021 MONTHLY BLUE CROSS BLUE SHIELD PREMIUM AMOUNTS**Non-Union (12 month)***Effective 9-1-20*

ESU pays 85% of premium prorated according to FTE

Health Coverage (EHA \$850 Deductible Plan)

Coverage Level	Total Monthly Premium	Monthly ESU Share	Monthly Employee Share (pre-tax)
Employee Only	702.02	600.23	101.79
Employee & Children	1,298.75	1,103.94	194.81
Employee & Spouse	1,474.25	1,253.11	221.14
Employee, Spouse & Children	1,979.54	1,682.61	296.93

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	29.54	25.11	4.43
Employee & Children	54.61	46.42	8.19
Employee & Spouse	62.00	52.70	9.30
Employee, Spouse & Children	83.29	70.80	12.49