

2020-21 MONTHLY BLUE CROSS BLUE SHIELD PREMIUM AMOUNTS**ESU 6 Teacher Association Benefit Table***Effective 9-1-2020*

ESU pays 100% 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	666.92	666.92	-
Employee & Children	1,233.81	1,233.81	-
Employee & Spouse	1,400.54	1,400.54	-
Employee, Spouse & Children	1,880.56	1,880.56	-

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	29.54	-
Employee & Children	54.61	54.61	-
Employee & Spouse	62.00	62.00	-
Employee, Spouse & Children	83.29	83.29	-