

**2020-2021**  
**BLUE CROSS MONTHLY PREMIUMS**  
**HEALTH/VISION & (DENTAL - OPTIONAL)**  
**(\$1,500 Deductible) (\$30 office co-pay)**

**SINGLE MEMBER:**      \$ 685.50    (Health & Vision)  
                               - 586.90    (Employee Benefit)  
                               \$98.60    (*Employees share for health & vision*)  
                               30.35    (Dental – Optional)  
**\$ 128.95    TOTAL – EMPLOYEES SHARE**

**SUBSCRIBER & SPOUSE:** \$ 1,502.00 (Health & Vision)  
                               - 586.90 (Employee Benefit)  
                               \$915.10 (*Employees share for health & vision*)  
                               65.70    (Dental – Optional)  
**\$980.80 TOTAL EMPLOYEES SHARE**

**SUBSCRIBER & 1 DEPENDENT:**  
                               \$ 1054.55    (Health & Vision)  
                               - 586.90    (Employee Benefit)  
                               \$ 467.65 (*Employees share for health & vision*)  
                               58.35    (Dental – Optional)  
**\$ 526.00    TOTAL EMPLOYEES SHARE**

**SUBSCRIBER & DEPENDENTS:**  
                               \$ 1,231.90    (Health & Vision)  
                               - 586.90    (Employee Benefit)  
                               \$ 645.00 (*Employees share for health & vision*)  
                               86.75    (Dental – Optional)  
**\$ 731.75**

**FAMILY:**                \$ 1,747.85    (Health & Vision)  
                               - 586.90    (Employee Benefit)  
                               \$1160.95 (*Employees share for health & vision*)  
                               \$116.35    (Dental – Optional)  
**\$ 1,277.30    TOTAL EMPLOYEES SHARE**

**Drug Benefits: 10/30/100%** (Which means you pay \$10 for generic, \$30 for brand name and over \$30 Blue Cross pays 100%)