

CONTRIBUTIONS

See below for your 2021 Johnson County Medical, Dental, and Vision monthly contribution rates.

PPO PCB	
	Full Incentive
Individual	\$78.00
EE + Spouse	\$175.00
EE + Child(ren)	\$170.00
Family	\$219.00

BlueSaver QHDHP PCB	
	Full Incentive
Individual	\$23.00
EE + Spouse	\$65.00
EE + Child(ren)	\$60.00
Family	\$108.00

PPO BSP	
	Full Incentive
Individual	\$66.00
EE + Spouse	\$149.00
EE + Child(ren)	\$145.00
Family	\$187.00

BlueSaver BSP	
	Full Incentive
Individual	\$20.00
EE + Spouse	\$55.00
EE + Child(ren)	\$51.00
Family	\$92.00

2021 Dental and Vision Monthly Contribution Rates		
Plan	Tier	Employee Cost
Delta Dental	Employee	\$6
	Employee + Spouse	\$12
	Employee + Child(ren)	\$15
	Family	\$23
Vision With Medical	Employee	\$0
	Employee + Spouse	\$0
	Employee + Child(ren)	\$0
	Family	\$0
Vision Buy-Up	Add Spouse	\$4.94
	Add Child	\$5.63
	Add Family	\$11.94
	Medical ESP and Vision Fam	\$7.00
	Medical ECH and Vision Fam	\$6.31
Vision Without Medical	Employee	\$4.92
	Employee + Spouse	\$9.86
	Employee + Child(ren)	\$10.55
	Family	\$16.86