

2021-2022 Alternate Plan Difference

Rates	Current 2020-2021 Plan	New Rates/Current Plans	Optional Rate/Grandfathered Plan	County Difference	Employee Difference
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Employee Only	\$783.86	\$844.22	\$808.82	\$35.40	\$0.00
Employee + Child(ren)	\$1,229.80	\$1,324.48	\$1,268.68	\$35.40	\$20.40
Employee + Spouse	\$1,680.16	\$1,809.52	\$1,733.10	\$35.40	\$41.02
Employee + Family	\$2,126.08	\$2,289.78	\$2,192.98	\$35.40	\$61.40
Medical Plan					More Employee Out of Pocket
Deductible In/Out Network	\$750/1000	\$750/1000	\$1030/1370		\$280/370
Co-Insurance % In/Out	80/60	80/60	80/60		-
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$4100/8200		\$1100/2200
Office Visit	\$25	\$25	\$30		\$5
Specialist Visit					
Emergency Room Hospital	\$120	\$120	\$135		\$15
Prescription Plan					
Prescription Card Co-Pay	10.25.40	10.25.40	15.30.50		5.5.10
Deductible	\$0	\$0	\$0		-