

**SIERRA VIEW MEDICAL CENTER
MEDICAL/DENTAL/VISION INSURANCE PREMIUMS
EFFECTIVE 1/1/2021 - 12/31/2021**

UNITED HEALTH CARE INSURANCE PREMIUMS

Category	Type	HMO	Per	PPO	Per
		Monthly	Pay Period*	Monthly	Pay Period*
Employee Only	FT Employee	\$75.32	(\$ 34.76/PP)	\$434.45	(\$200.52/PP)
	SVDH	\$536.09		\$611.24	
	PT Employee	\$611.41	(\$282.19/PP)	\$1,045.69	(\$484.63/PP)
Employee & Spouse	FT Employee	\$364.31	(\$168.14/PP)	\$844.92	(\$389.96/PP)
	SVDH	\$980.77		\$1,121.29	
	PT Employee	\$1,345.08	(\$620.81/PP)	\$1,966.21	(\$907.48/PP)
Employee + Child(ren)	FT Employee	\$304.11	(\$140.36/PP)	\$1,009.01	(\$465.70/PP)
	SVDH	\$888.10		\$1,030.08	
	PT Employee	\$1,192.21	(\$550.25/PP)	\$2,039.09	(\$941.12/PP)
Employee & Family	FT Employee	\$570.21	(\$263.17/PP)	\$1,677.29	(\$774.13/PP)
	SVDH	\$1,297.63		\$1,517.33	
	PT Employee	\$1,867.84	(\$862.08/PP)	\$3,194.62	(\$1,474.44/PP)

DELTA DENTAL INSURANCE PREMIUMS

Category	Type	HMO	Per	PPO	Per
		Monthly	Pay Period*	Monthly	Pay Period*
Employee Only	FT Employee	\$17.33	(\$8.00/PP)	\$39.06	(\$18.03/PP)
	SVDH	\$4.27		\$4.27	
	PT Employee	\$21.60	(\$9.97/PP)	\$43.33	(\$20.00/PP)
Employee & Spouse	FT Employee	\$29.20	(\$13.48PP)	\$75.11	(\$34.67/PP)
	SVDH	\$7.86		\$7.86	
	PT Employee	\$37.06	(\$17.10/PP)	\$82.97	(\$38.29/PP)
Employee + Child(ren)	FT Employee	\$33.27	(\$15.36/PP)	\$77.90	(\$35.95/PP)
	SVDH	\$4.05		\$4.05	
	PT Employee	\$37.32	(\$17.22/PP)	\$81.95	(\$37.82/PP)
Employee & Family	FT Employee	\$45.04	(\$20.79/PP)	\$135.35	(\$62.47/PP)
	SVDH	\$8.73		\$8.73	
	PT Employee	\$53.77	(\$24.82/PP)	\$144.08	(\$66.50/PP)

MES VISION INSURANCE PREMIUMS

	Per
	Monthly Pay Period*
Employee Only	\$10.12 (\$4.67/PP)
Employee & Spouse	\$17.14 (\$7.91/PP)
Employee & Child(ren)	\$17.30 (\$7.99/PP)
Employee & Family	\$28.70 (\$13.25/PP)

***Payments will be deducted from all 26 pay periods.**