

# 2021 HEALTH, DENTAL & VISION PREMIUMS

BCBSSC HRA MEDICAL PLAN RATES – BI-WEEKLY				
Tobacco Status	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Non-Tobacco Discounted Rate	\$28.50	\$122.50	\$91.50	\$147.00
Regular Non-Discounted Rate	\$39.75	\$169.50	\$128.25	\$204.00

BCBSSC HSA MEDICAL PLAN RATES – BI-WEEKLY				
Tobacco Status	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Non-Tobacco Discounted Rate	\$14.50	\$78.75	\$55.50	\$99.00
Regular Non-Discounted Rate	\$20.25	\$112.25	\$79.00	\$140.50

\*Non-Tobacco Discounted rates are only available to employees who are tobacco and nicotine free. Employees who completed Non-Tobacco User Premium Affidavit's for 2020 will **not** be required to update their status for 2021. If you did not complete a Non-Tobacco Affidavit for 2020 and are now tobacco and nicotine free, you can contact your HR administrator for instruction on how to submit a 2021 affidavit.

UC DENTAL PLAN RATES – BI-WEEKLY	
Employee Only	\$3.75
Employee & Spouse	\$16.50
Employee & Child(ren)	\$12.25
Employee & Family	\$20.50

EYEMED VISION PLAN RATES – BI-WEEKLY	
Employee Only	\$1.00
Employee & Spouse	\$2.00
Employee & Child(ren)	\$1.50
Employee & Family	\$2.50