

2021 UVM plus Employee Cost

<i>Rates Effective 1/1/2021</i>	Non-union, UAFT, UAPT (Grandfathered), Teamsters, & UE Total Monthly Cost			
	Employee	Employee plus Spouse	Employee plus Children	Employee plus Family
Retirees: Medicare Advantage Medi-Comp III	\$ 414.83	N/A	N/A	N/A
Retirees: Medicare Advantage J Plan	\$ 396.12	\$ 792.24	\$ 792.24	N/A
Retirees: J Grandfathered	\$ 1,056.09	\$ 2,112.17	\$ 2,110.89	\$ 2,869.44
BCBSVT VHP Open Access Plan	\$ 834.29	\$ 1,668.58	\$ 1,734.10	\$ 2,406.95
Northeast Delta Dental Base Plan	\$ 40.70	\$ 81.94	\$ 66.75	\$ 123.72
Northeast Delta Dental High Option #1 Plan	\$ 48.30	\$ 97.14	\$ 82.48	\$ 147.06
Monthly Employee Premium for High Option #1 Dental	\$ 7.60	\$ 15.20	\$ 15.73	\$ 23.34
Northeast Delta Dental High Option #2 Plan	\$ 50.67	\$ 101.67	\$ 88.35	\$ 155.74
Monthly Employee Premium for High Option #2 Dental	\$ 9.97	\$ 19.73	\$ 21.60	\$ 32.02
VSP Vision Plan (100% Employee Paid)	\$ 7.26	\$ 14.51	\$ 13.68	\$ 22.77
COBRA: BCBSVT VHP Open Access Plan	\$ 850.98	\$ 1,701.95	\$ 1,768.78	\$ 2,455.09
COBRA: Northeast Delta Dental Base Plan	\$ 41.51	\$ 83.58	\$ 68.09	\$ 126.19
COBRA: Northeast Delta Dental High Option #1 Plan	\$ 49.27	\$ 99.08	\$ 84.13	\$ 150.00
COBRA: Northeast Delta Dental High Option #2 Plan	\$ 51.68	\$ 103.70	\$ 90.12	\$ 158.85
COBRA: VSP Vision Plan (100% Employee Paid)	\$ 7.41	\$ 14.80	\$ 13.95	\$ 23.23