

2021 Insurance Rates

Per Pay Period

Medical UnitedHealthcare

Wellness Participant

Employee	\$36.40
Employee + Spouse	\$202.57
Employee + Children	\$186.68
Employee + Family	\$216.49

Non-Participant Rate

Employee	\$44.01
Employee + Spouse	\$244.99
Employee + Children	\$225.78
Employee + Family	\$261.84

Dental Cigna

PPO

Employee	\$12.10
Employee + Spouse	\$31.59
Employee + Children	\$30.67
Employee + Family	\$32.54

DHMO

Employee	\$5.10
Employee + Spouse	\$9.69
Employee + Children	\$10.20
Employee + Family	\$15.81

Vision SuperiorVision™

PPO

Employee	\$3.47
Employee + Spouse	\$6.55
Employee + Children	\$6.55
Employee + Family	\$11.24

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