

**FHSD Employee Group Health Plan
10-1-20 to 9-30-21
Premium Calculation Form**

Monthly Cost

MEDICAL

No Medical Coverage

High Option

<input type="checkbox"/> Individual Only	\$ 795.43	
<input type="checkbox"/> Individual/Spouse	\$ 1,696.53	
<input type="checkbox"/> Individual /Child(ren)	\$ 1,450.55	
<input type="checkbox"/> Individual/Family	\$ 2,353.25	

Base Option

<input type="checkbox"/> Individual Only	\$ 612.02	
<input type="checkbox"/> Individual/Spouse	\$ 1,285.01	
<input type="checkbox"/> Individual /Child(ren)	\$ 1,101.45	
<input type="checkbox"/> Individual/Family	\$ 1,774.59	

CDHP Option

<input type="checkbox"/> Individual Only	\$ 557.27	
<input type="checkbox"/> Individual/Spouse	\$ 1,170.30	
<input type="checkbox"/> Individual /Child(ren)	\$ 1,002.98	
<input type="checkbox"/> Individual/Family	\$ 1,616.03	

Medical Premium _____

DENTAL

No Dental Coverage

Aetna Dental

<input type="checkbox"/> Individual Only	\$ 38.40	
<input type="checkbox"/> Individual/Spouse	\$ 74.11	
<input type="checkbox"/> Individual /Child(ren)	\$ 85.77	
<input type="checkbox"/> Individual/Family	\$ 119.67	

Family Dental Service, Inc.

<input type="checkbox"/> Individual Only	\$ 57.08	
<input type="checkbox"/> Individual/Spouse	\$ 96.26	
<input type="checkbox"/> Individual /Child(ren)	\$ 115.92	
<input type="checkbox"/> Individual/Family	\$ 143.87	

Cigna Dental Standard

<input type="checkbox"/> Individual Only	\$ 17.44	
<input type="checkbox"/> Individual/Spouse	\$ 31.83	
<input type="checkbox"/> Individual /Child(ren)	\$ 37.07	
<input type="checkbox"/> Individual/Family	\$ 55.42	

Dental Premium _____

Cigna Dental Plus

<input type="checkbox"/> Individual Only	\$ 31.62	
<input type="checkbox"/> Individual/Spouse	\$ 57.72	
<input type="checkbox"/> Individual /Child(ren)	\$ 67.22	
<input type="checkbox"/> Individual/Family	\$ 100.51	

VISION

No Vision Coverage

<input type="checkbox"/> Individual Only	\$ 8.03	
<input type="checkbox"/> Individual/Spouse	\$ 16.73	
<input type="checkbox"/> Individual /Child(ren)	\$ 15.74	
<input type="checkbox"/> Individual/Family	\$ 24.44	

Vision Premium _____