

2021 Biweekly Premium Rates: Active Employees

Medical Premiums	Biweekly County		Biweekly Employee		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Employee
ANTHEM HSA PLAN						
Employee	\$268.55	\$278.55	\$67.14	\$57.14	80%	20%
Employee + 1	\$513.34	\$523.34	\$128.34	\$118.34	80%	20%
Family	\$669.24	\$679.24	\$167.31	\$157.31	80%	20%
ANTHEM POS PLAN						
Employee	\$321.35	\$331.35	\$107.12	\$97.12	75%	25%
Employee + 1	\$593.10	\$603.10	\$197.70	\$187.70	75%	25%
Family	\$804.78	\$814.78	\$268.26	\$258.26	75%	25%
ANTHEM HMO PLAN						
Employee	\$300.89	\$310.89	\$75.22	\$65.22	80%	20%
Employee + 1	\$555.33	\$565.33	\$138.83	\$128.83	80%	20%
Family	\$753.53	\$763.53	\$188.38	\$178.38	80%	20%
KAISER HMO PLAN						
Employee	\$226.37	\$236.37	\$56.59	\$46.59	80%	20%
Employee + 1	\$432.73	\$442.73	\$108.18	\$98.18	80%	20%
Family	\$564.14	\$574.14	\$141.04	\$131.04	80%	20%

Biweekly medical premiums will be \$25 higher if you must pay the tobacco surcharge.

All eligible employees enrolled in a Fulton County medical plan will receive a \$20 monthly premium reduction in 2021. On each pay stub, you'll see a \$10 wellness credit deduction from your biweekly premium rate (without wellness).

Dental Premiums	Biweekly County		Biweekly Employee		Cost Share Percentage	
					County	Employee
AETNA DENTAL HMO PLAN						
Employee	\$6.36		\$2.12		75%	25%
Employee + 1	\$12.42		\$4.14		75%	25%
Family	\$20.37		\$6.79		75%	25%
AETNA DENTAL PPO PLAN						
Employee	\$12.98		\$4.33		75%	25%
Employee + 1	\$26.62		\$8.87		75%	25%
Family	\$34.91		\$11.64		75%	25%

Vision Premiums	Biweekly County		Biweekly Employee		Cost Share Percentage	
					County	Employee
EYEMED VISION PPO PLAN						
Employee	\$3.62		\$2.62		58%	42%
Employee + 1	\$3.62		\$2.62		58%	42%
Family	\$3.62		\$2.62		58%	42%

2021 Biweekly Premium Rates: Active Employees

Life Insurance Premiums	Biweekly County	Biweekly Employee	Cost Share Percentage	
			County	Employee
Life B & AD&D (50K)	\$2.36	\$0.79	75%	25%
Life D (10K)	\$1.61	\$0.54	75%	25%

Supplemental Life Insurance Premiums	Benefit Amount	Total Biweekly Premium (100% Employee Paid)
Employee Optional Supplemental Term Life	\$25,000	\$3.75
	\$50,000	\$7.50
	\$75,000	\$11.25
	\$100,000	\$15.00
	\$125,000	\$18.75
	\$150,000	\$22.50
	\$175,000	\$26.25
	\$200,000	\$30.00
	\$225,000	\$33.75
	\$250,000	\$37.50
	\$275,000	\$41.25
	\$300,000	\$45.00