2021 BALDWIN COUNTY HEALTH/DENTAL INSURANCE RATES

EMPLOYEE HEALTH INSURANCE RATES

	TOTAL MONTHLY PREMIUMS	COUNTY PAYS MONTHLY	EMPLOYEE PAYS MONTHLY	EMPLOYEE PAYS BIWEEKLY				
If employee participated/completed 2019-2020 health incentive program								
SINGLE	\$ 575	\$ 523	\$ 52	\$ 26				
FAMILY	\$ 1,431	\$ 1,099	\$ 332	\$ 166				
If employee DID NOT participate/complete 2019-2020 health incentive program:								
SINGLE	\$ 575	\$ 493	\$ 82	\$ 41				
FAMILY	\$ 1,431	\$ 1,069	\$ 362	\$ 181				

EMPLOYEE DENTAL RATES							
	TOTAL MONTHLY PREMIUMS	COUNTY PAYS MONTHLY	EMPLOYEE PAYS MONTHLY	EMPLOYEE PAYS BIWEEKLY			
SINGLE	\$ 23	\$ -	\$ 23	\$ 11.50			
FAMILY - ORTHO	\$ 85	\$ -	\$ 85	\$ 42.50			
FAMILY - NON-ORTHO	\$ 68	\$ \$ -	\$ 68	\$ 34			

COBRA RATES							
	HEALTH		DENTAL	DENTAL-Ortho			
SINGLE	\$ 586.91	\$	23.46				
FAMILY	\$ 1,459.62	\$	69.36	\$ 86.70			

2021 BALDWIN COUNTY HEALTH/DENTAL INSURANCE RATES

25 YR RETIREE HEALTH INSURANCE RATES								
If retiree partic	If retiree participated/completed 2019-2020 health incentive program:							
		L MONTHLY REMIUMS		NTY PAYS ONTHLY		OYEE PAYS NTHLY		
(25) SINGLE	\$	575	\$	475	\$	100		
(25) FAMILY	\$	1,431	\$	475	\$	956		
If retiree DID NOT	[parti	icipate/con	ıplete	2019-2020) healt	h incentiv	e program:	
(25) SINGLE	\$	575	\$	445	\$	130		
(25) FAMILY	\$	1,431	\$	445	\$	986		

30 YR RETIREE HEALTH INSURANCE RATES

If retiree partic	If retiree participated/completed 2019-2020 health incentive program:							
	TOTAL MONTHLY PREMIUMS	COUNTY PAYS MONTHLY	EMPLOYEE PAYS MONTHLY					
(30) SINGLE	\$ 575	\$ 575	\$-					
(30) FAMILY	\$ 1,431	\$ 575	\$ 856					
If retiree DID N	If retiree DID NOT participate/complete 2019 health incentive program:							
(30) SINGLE	\$ 575	\$ 545	\$ 30					
(30) FAMILY	\$ 1,431	\$ 545	\$ 886					