



**2021-2022 PLAN YEAR**

**Full-Time Extra-Help Employees and Dependent Contractors**

**Bi-weekly Health Plan Rates & Employee Contribution Requirements**

| <b>VALLEY HEALTH PLAN<br/>PREFERRED NETWORK HMO PLAN<br/>(\$0 CO-PAY)</b> |   |                      |
|---|---|----------------------|
| <b>Benefit Plan &amp; Coverage Level</b>                                  | <b>Biweekly Rates<br/>Effective 06/14/21<br/>(PP 21/13) for<br/>Coverage<br/>Effective 06/28/21</b> | <b>Employee Pays</b> |
| <i>Employee Only</i>  | <b>\$445.92</b>   | <b>\$107.40</b>      |
| <i>Employee and Spouse</i>  | <b>\$936.45</b>   | <b>\$597.93</b>      |
| <i>Employee and Child(ren)</i>  | <b>\$802.66</b>   | <b>\$464.14</b>      |
| <i>Family</i>   | <b>\$1,293.18</b>   | <b>\$954.66</b>      |

County Contribution = \$338.52 (\$445.92 - \$107.40)