

City of Berwyn
 Health-Dental-Vision Insurance Renewal Rates
 Commencing May 2021

BCBS Health HMO Rates (No Vision)			
	Effective 5/1/21 Monthly Premium	Bi-Weekly Employer Contribution	Bi-Weekly Employee Payroll Deduction
Single	\$ 823.54	\$ 332.58	\$ 47.51
Single +1	\$ 1,650.81	\$ 666.67	\$ 95.24
Family	\$ 2,537.19	\$ 1,024.63	\$ 146.38

BCBS Health PPO Rates (No Vision)			
	Effective 5/1/21 Monthly Premium	Bi-Weekly Employer Contribution	Bi-Weekly Employee Payroll Deduction
Single	\$ 1,013.58	\$ 409.33	\$ 58.48
Single +1	\$ 2,031.77	\$ 820.52	\$ 117.22
Family	\$ 3,122.69	\$ 1,261.09	\$ 180.16

VSP Vision Rates			
	Effective 5/1/21 Monthly Premium	Bi-Weekly Employer Contribution	Bi-Weekly Employee Payroll Deduction
Single	\$ 9.00	\$ 3.63	\$ 0.52
Single + spouse	\$ 18.78	\$ 7.58	\$ 1.08
Single + child	\$ 20.10	\$ 8.12	\$ 1.16
Family	\$ 32.13	\$ 12.98	\$ 1.85

Aetna Dental Rates			
	Effective 5/1/21 Monthly Premium	Bi-Monthly Employer Contribution	Bi-Monthly Employee Payroll Deduction
Single	\$ 40.51	\$ 17.72	\$ 2.53
Single +1	\$ 95.98	\$ 41.99	\$ 6.00
Family	\$ 116.58	\$ 51.00	\$ 7.29

Medicare Health Coverage			
		BCBS HMO Monthly Premium Effective 5/1/21	BCBS PPO Monthly Premium Effective 5/1/21
Single		\$ 723.75	\$ 890.78
Single +1		\$ 1,447.52	\$ 1,781.58