



County of El Paso Health & Dental Benefits

Employee Rate Sheet

1/1/2021 thru 12/31/2021

Core Plan

Consumer Driven Health Plan

EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
No Discounts	\$33.70	\$263.94	\$203.96	\$418.03
Tobacco Free (2%)	\$33.02	\$258.66	\$199.89	\$409.67
Wellness (4%)	\$32.35	\$253.38	\$195.81	\$401.31
Both Discounts Applied (6%)	\$31.67	\$248.10	\$191.73	\$392.94

EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
No Discounts	\$5.05	\$169.37	\$118.83	\$277.51
Tobacco Free (2%)	\$4.95	\$165.98	\$116.45	\$271.97
Wellness (4%)	\$4.85	\$162.60	\$114.08	\$266.41
Both Discounts Applied (6%)	\$4.75	\$159.21	\$111.70	\$260.86

Dental

EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Dental with Medical Plan	\$0.00	\$13.63	\$27.25	\$40.88
Dental Only	\$13.63	\$27.25	\$40.88	\$54.51

