

2021 HEALTH, DENTAL AND VISION RATES



Western contributes \$2,338.58 per month toward the cost of medical, dental and vision benefits. Rates are effective January 1 through December 31, 2021.

Employees opting out of Western's medical plan, receive a monthly payment in the amount of \$689.42. Proof of coverage in another medical plan is required.

Medical Provider	Level of Coverage	Monthly Premium
Anthem Blue Cross Prudent Buyer Classic (PPO 200)	Employee Only	\$ 894.67
	Employee Plus One Dependent	\$ 1,789.33
	Employee Plus Family	\$ 2,370.86
Anthem Blue Cross Prudent Buyer Advantage (PPO 500)	Employee Only	\$ 787.31
	Employee Plus One Dependent	\$ 1,574.61
	Employee Plus Family	\$ 2,086.36
Anthem Blue Cross CaliforniaCare (HMO)	Employee Only	\$ 925.10
	Employee Plus One Dependent	\$ 1,850.21
	Employee Plus Family	\$ 2,451.52
Kaiser Permanente with Chiro (HMO)	Employee Only	\$ 697.92
	Employee Plus One Dependent	\$ 1,378.84
	Employee Plus Family	\$ 1,944.00
Dental Provider	Level of Coverage	Monthly Premium
Delta Dental (PPO – Fee For Service)	Employee Only	\$ 65.02
	Employee Plus One Dependent	\$ 121.97
	Employee Plus Family	\$ 170.56
DeltaCare (DMO)	Employee Only	\$ 17.03
	Employee Plus One Dependent	\$ 31.34
	Employee Plus Family	\$ 50.29
Vision Provider	Level of Coverage	Monthly Premium
Vision Service Plan	All Levels	\$ 18.85