

**Premera Blue Cross Blue Shield of Alaska
Group 1011203**

Prices effective July 1, 2020 to June 30, 2021

Monthly Premium

| FULL TIME EMPLOYEE | EMPLOYEE | CITY | TOTAL |
|---------------------------|-----------------|-------------|--------------|
| Employee Only | \$113.80 | \$1,024.18 | \$1,137.98 |
| Employee & Spouse | \$213.11 | \$1,918.00 | \$2,131.11 |
| Employee and Family | \$305.30 | \$2,747.70 | \$3,053.00 |
| Employee & Child(ren) | \$206.00 | \$1,853.95 | \$2,059.95 |

*Employees monthly payment is deducted from second payroll check of each month. Employees enjoy one "premium payment vacation." No payments are deducted from paycheck one month (July or August – exact pay period unknown).

Next opportunity to change enrollment will be during the Open Enrollment period in June of every year effective July 1st, unless there is a life-changing event (i.e., marriage, divorce, birth/adoption, other health care coverage dropped, etc.)

Employees working less than 40 hours per week, please call Human Resources at 747-1816 or Lindsey in payroll at 747-1825 to get the prorated rates for coverage. **Premera Medical and Dental Plan Booklets (and all other HR forms) are available at:**

<http://www.cityofsitka.com/government/departments/hr/EmployeeForms.html>