

**EDUCATIONAL SERVICE CENTER OF NORTHEAST OHIO
INSURANCE RATES - 7/1/21**

<u>MEDICAL COVERAGE</u>	<u>Total Premium</u>	<u>Bd. Share</u>	<u>Employee Share</u>	
9,134.16 <i>Cigna Open Access Plus - 502</i>	951.47/Month Employee	761.18/Month	190.29/Month	95.15 Per Pay
18,268.08 03334880	1,902.93/Month Employee plus Spouse	1,522.34/Month	380.59/Month	190.29 Per Pay
17,354.88	1,807.80/Month Employee plus Child(ren)	1,446.24/Month	361.56/Month	180.78 Per Pay
27,036.96	2,816.35/Month Family	2,253.08/Month	563.27/Month	281.64 Per Pay
7,706.88 <i>Cigna Health Savings Account - 527</i>	802.80/Month Employee	642.24/Month	160.56/Month	80.28 Per Pay
15,413.52 03334880	1,605.58/Month Employee plus Spouse	1,284.46/Month	321.12/Month	160.56 Per Pay
14,643.00	1,525.31/Month Employee plus Child(ren)	1,220.25/Month	305.06/Month	152.53 Per Pay
22,812.24	2,376.27/Month Family	1,901.02/Month	475.25/Month	237.63 Per Pay
7,526.40 <i>Skyway/MetroHealth - 508</i>	696.89/Month Employee	627.20/Month	69.69/Month	34.84 Per Pay
15,052.56	1,393.75/Month Employee plus Spouse	1,254.38/Month	139.38/Month	69.69 Per Pay
13,547.28	1,254.38/Month Employee plus Child(ren)	1,128.94/Month	125.44/Month	62.72 Per Pay
22,578.84	2,090.63/Month Family	1,881.57/Month	209.06/Month	104.53 Per Pay
 <u>DENTAL COVERAGE</u>				
326.40 <i>MetLife - 526</i>	34.00/Month Employee	27.20/Month	6.80/Month	3.40 Per Pay
623.76 90282	64.98/Month Employee plus Spouse	51.98/Month	13.00/Month	6.50 Per Pay
717.60	74.76/Month Employee plus Child(ren)	59.80/Month	14.96/Month	7.48 Per Pay
1,042.32	108.58/Month Family	86.86/Month	21.72/Month	10.86 Per Pay
 <u>VISION COVERAGE</u>				
39.72 <i>Anthem Blue View Vision - 524</i>	6.61/Month Employee	3.31/Month	3.30/Month	1.65 Per Pay
69.36 169863	11.56/Month Employee plus Spouse	5.78/Month	5.78/Month	2.89 Per Pay
75.36	12.56/Month Employee plus Child(ren)	6.28/Month	6.28/Month	3.14 Per Pay
115.08	19.17/Family	9.59/Month	9.58/Month	4.79 Per Pay