

**ACPAA Premium Contributions (Allowance) Schedule
For Period Starting 12/1/20**

Medical Renewal - Kaiser Permanente (from 12/1/20 through 11/30/21):

KP CO Platinum 0/20 RX Copay	Monthly Premium	Employee Contribution	Authority Contribution
Employee Only	\$ 724.89	\$ -	\$ 724.89
Employee + Spouse	\$ 1,449.78	\$ 197.49	\$ 1,252.29
Employee + Children	\$ 1,341.05	\$ 167.87	\$ 1,173.18
Family	\$ 2,065.94	\$ 365.35	\$ 1,700.59

Delta Dental Renewal (from 12/1/19 through 11/30/21):

Employee Only	\$ 49.55	\$ -	\$ 49.55
Employee + Spouse	\$ 125.60	\$ 22.82	\$ 102.78
Employee + Children	\$ 125.60	\$ 22.82	\$ 102.78
Family	\$ 125.60	\$ 22.82	\$ 102.78

EyeMed Vision Renewal (from 12/1/17 through 11/30/22):

Employee Only	\$ 8.49	\$ -	\$ 8.49
Employee + Spouse	\$ 16.11	\$ 2.29	\$ 13.82
Employee + Child	\$ 23.65	\$ 4.55	\$ 19.10
Family	\$ 23.65	\$ 4.55	\$ 19.10

Total Contributions - All Coverages

Employee Only	\$ 782.93	\$ -	\$ 782.93
Employee + Spouse	\$ 1,591.49	\$ 222.60	\$ 1,368.89
Employee + Children	\$ 1,490.30	\$ 195.24	\$ 1,295.06
Family	\$ 2,215.19	\$ 392.72	\$ 1,822.47