

Bismarck Public Schools  
Blue Cross Blue Shield Premiums  
Effective January 1, 2021 - December 31, 2021

**Premiums Subject to Change on January 1, 2022**

	2021 RATES	Employee Premium Cost	Employer Premium Cost	Employee COBRA Cost
<b>HEALTH INSURANCE</b>				
Single	\$ 750.00	\$ -	\$ 750.00	\$ 765.00
SPD (Single + dependent(s))	\$ 1,320.00	\$ -	\$ 1,320.00	\$ 1,346.40
Family - All Other Staff	\$ 1,950.00	\$ 630.00	\$ 1,320.00	\$ 1,989.00
Family - Administrative Staff	\$ 1,950.00	\$ 526.50	\$ 1,423.50	

**DENTAL INSURANCE**

Single - All Other Staff	\$ 44.00	\$ 17.00	\$ 27.00	\$ 44.88
Single - Administrative Staff	\$ 69.00	\$ -	\$ 69.00	\$ 70.38
Family - All Other Staff	\$ 112.00	\$ 60.00	\$ 52.00	\$ 114.24
Family - Administrative Staff	\$ 170.00	\$ 47.00	\$ 123.00	

**VISION INSURANCE**

Single - All Other Staff	\$ 13.50	\$ -	\$ 13.50	\$ 13.77
Single - Administrative Staff	\$ 13.50	\$ -	\$ 13.50	\$ 13.77
Family - All Other Staff	\$ 27.50	\$ 10.50	\$ 17.00	\$ 28.05
Family - Administrative Staff	\$ 27.50	\$ 10.00	\$ 17.50	

**EMPLOYEES - 30-35 Hours**

	2021 RATES	Employee Premium Cost	Employer Premium Cost	Employee COBRA Cost
<b>HEALTH INSURANCE</b>				
Single	\$ 750.00	\$ 180.00	\$ 570.00	\$ 765.00
SPD (Single + dependent(s))	\$ 1,320.00	\$ 750.00	\$ 570.00	\$ 1,346.40
Family	\$ 1,950.00	\$ 1,380.00	\$ 570.00	\$ 1,989.00

**DENTAL INSURANCE**

Single	\$ 44.00	\$ 21.00	\$ 23.00	\$ 44.88
Family	\$ 112.00	\$ 74.00	\$ 38.00	\$ 114.24

**VISION INSURANCE**

Single	\$ 13.50	\$ 5.50	\$ 8.00	\$ 13.77
Family	\$ 27.50	\$ 12.50	\$ 15.00	\$ 28.05