

2021 MONTHLY PREMIUMS



Your monthly premium amount depends on your years of county service.

Premium is the same for **PEHP** and **SelectHealth**.

SALT LAKE COUNTY 2021 RETIREE PREMIUMS **FIRST** 18 MONTHS AFTER RETIREMENT

RETIREES – UNDER Age 65
EFFECTIVE JANUARY 1, 2021

YOUR MONTHLY COST IS BASED ON YOUR YEARS OF COUNTY SERVICE

TRADITIONAL HEALTH PLAN

	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree only	\$132.00	\$198.38	\$264.75	\$331.13	\$397.50	\$463.88	\$530.25	\$596.63	\$663.00
Retiree plus one dependent	\$926.58	\$992.96	\$1,059.33	\$1,125.71	\$1,192.08	\$1,258.46	\$1,324.83	\$1,391.21	\$1,457.58
Retiree plus two or more dependents	\$1,433.52	\$1,499.90	\$1,566.27	\$1,632.65	\$1,699.02	\$1,765.40	\$1,831.77	\$1,898.15	\$1,964.52

HIGH DEDUCTIBLE HEALTH PLAN

	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree only	\$8.32	\$60.32	\$112.32	\$164.32	\$216.32	\$268.32	\$320.32	\$372.32	\$424.32
Retiree plus one or more dependents	\$802.90	\$854.90	\$906.90	\$958.90	\$1,010.90	\$1,062.90	\$1,114.90	\$1,166.90	\$1,218.90

DENTAL INSURANCE – FIRST 18 MONTHS AFTER RETIREMENT

	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Cigna Dental Retiree only	\$12.54	\$18.24	\$23.94	\$29.64	\$35.34	\$41.04	\$46.74	\$52.44	\$58.14
Retiree +1	\$28.86	\$34.56	\$40.26	\$45.96	\$51.66	\$57.36	\$63.06	\$68.76	\$74.46
Retiree and 2+ dependents	\$66.60	\$72.30	\$78.00	\$83.70	\$89.40	\$95.10	\$100.80	\$106.50	\$112.20

2021 MONTHLY PREMIUMS



Your monthly premium amount depends on your years of county service.

Premium is the same for **PEHP** and **SelectHealth**.

SALT LAKE COUNTY 2021 RETIREE PREMIUMS **MORE** THAN 18 MONTHS AFTER RETIREMENT

RETIREES – UNDER Age 65
EFFECTIVE JANUARY 1, 2021

YOUR MONTHLY COST IS BASED ON YOUR YEARS OF COUNTY SERVICE

TRADITIONAL HEALTH PLAN

	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree only	\$379.00	\$445.38	\$511.75	\$578.13	\$644.50	\$710.88	\$777.25	\$843.63	\$910.00
Retiree plus one dependent	\$1,469.60	\$1,535.98	\$1,602.35	\$1,668.35	\$1,735.10	\$1,801.48	\$1,867.85	\$1,934.23	\$2,000.60
Retiree plus two or more dependents	\$2,165.40	\$2,231.75	\$2,298.15	\$2,364.53	\$2,430.90	\$2,497.28	\$2,563.65	\$2,630.03	\$2,696.40

HIGH DEDUCTIBLE HEALTH PLAN

	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree only	\$166.40	\$218.40	\$270.40	\$332.40	\$374.40	\$426.40	\$478.40	\$530.40	\$582.40
Retiree plus one or more dependents	\$1,257.00	\$1,309.00	\$1,361.00	\$1,413.00	\$1,465.00	\$1,517.00	\$1,569.00	\$1,621.00	\$1,673.00

DENTAL INSURANCE – MORE THAN 18 MONTHS AFTER RETIREMENT

	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Cigna Dental Retiree only	\$34.20	\$39.90	\$45.60	\$51.30	\$57.00	\$62.70	\$68.40	\$74.10	\$79.80
Retiree +1	\$56.60	\$62.30	\$68.00	\$73.70	\$79.40	\$85.10	\$90.80	\$96.50	\$102.20
Retiree and 2+ dependents	\$108.40	\$114.10	\$119.80	\$125.50	\$131.20	\$136.90	\$142.60	\$148.30	\$154.00