

**Mission Support Alliance, LLC Market Based
Plan 2021 Employee Cost Share**

Medical/Vision Contribution Rates

Level of Coverage	Kaiser Permanente HMO	
	Bi-Weekly	Monthly
Individual	\$108.10	\$234.22
Individual + 1	\$216.20	\$468.44
Individual + more than 1	\$340.52	\$737.80

Level of Coverage	Kaiser Permanente PPO	
	Bi-Weekly	Monthly
Individual	\$102.82	\$222.77
Individual + 1	\$205.63	\$445.53
Individual + more than 1	\$323.87	\$701.71

Dental Contribution Rates

Level of Coverage	Delta Dental-Washington Dental Basic	
	Bi-Weekly	Monthly
Individual	\$ 5.08	\$11.01
Individual + 1	\$10.03	\$21.73
Individual + more than 1	\$15.73	\$34.09

Level of Coverage	Delta Dental-Washington Dental Buy - Up	
	Bi-Weekly	Monthly
Individual	\$ 6.91	\$14.97
Individual + 1	\$13.73	\$29.75
Individual + more than 1	\$22.55	\$48.86