

These charts list the amounts that you will pay for benefits coverage beginning January 1, 2021.

Medical Coverage (Pre-Tax; Monthly)

Coverage	Cigna OAP Saver	Cigna OAP Super Saver	Cigna HMO	Cigna HMO Select	Kaiser HMO	Kaiser Deductible HMO
Team Member Only	\$150	\$95	\$155	\$95	\$155	\$125
Team Member + Spouse/ Domestic Partner	\$360	\$275	\$390	\$275	\$390	\$345
Team Member + Child(ren)	\$325	\$245	\$350	\$245	\$350	\$305
Family*	\$805	\$570	\$715	\$570	\$715	\$650

Dental Coverage (Pre-Tax; Monthly)

Coverage	DeltaCare USA DHMO	Delta Dental PPO
Team Member Only	\$0	\$15
Team Member + Spouse/ Domestic Partner	\$17	\$60
Team Member + Child(ren)	\$15	\$50
Family*	\$32	\$105

Vision Coverage (Pre-Tax; Monthly)

Coverage	VSP Base	VSP Premier
Team Member Only	\$6	\$9
Team Member + Spouse/ Domestic Partner	\$15	\$22
Team Member + Child(ren)	\$13	\$20
Family*	\$21	\$30

* Family coverage includes Team Member, Spouse/Domestic Partner, and Child/Children.

Open Enrollment: November 9 – 20, 2020

Need assistance?

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Benefits Hotline: 877-716-6372 #3

