

EMPLOYEE BENEFITS

2021 RATES

Effective Jan. 1, 2021 – Dec. 31, 2021



For ALL Employees Electing Group Medical & Dental Coverage with Continental Benefits

Basic Option: Medical Plan Weekly Contribution

Plan Choice	Monthly Premium	Company Pays	Employee Rate (Pre-Tax)	Rate with Tobacco Free Credit
Employee Only	\$538	\$81*	\$43*	\$38
Employee + 1	\$935	\$132*	\$84*	\$79
Family	\$1,334	\$168*	\$140*	\$135

*Cost will be \$5 less each week if non tobacco certification is signed, otherwise full.

PPO Option: Medical Plan Weekly Contribution

Plan Choice	Monthly Premium	Company Pays	Employee Rate (Pre-Tax)	Rate with Tobacco Free Credit
Employee Only	\$752	\$102*	\$71*	\$66
Employee + 1	\$1,314	\$178*	\$125*	\$120
Family	\$1,900	\$249*	\$190*	\$185

*Cost will be \$5 less each week if non tobacco certification is signed, otherwise full.

Dental Plan Weekly Contribution

Plan Choice	Monthly Premium	Company Pays	Employee Rate (Pre-Tax)
Employee Only	\$52	\$3	\$9
Employee + 1	\$99.66	\$9	\$14
Family	\$147.33	\$11	\$23

*Commercial Roofing Benefits reserves the right to change Rates and/or contribution levels at any time.