

BIWEEKLY HEALTH PLAN RATES

Full Time Employees

2022 Health Plan Year - 01/01/22 through 12/31/22

PLAN 1

Blue Shield HMO with Superior Vision				
Delta Dental - DPPO		MetLife Dental - DHMO		
Total Premium	Employee Cost	Total Premium	Employee Cost	
Employee Only	\$575.63	\$62.96	\$562.14	\$51.37
Employee + Spouse	\$1,022.29	\$252.71	\$1,003.96	\$237.47
Employee + Child(ren)	\$902.69	\$167.31	\$890.30	\$157.71
Employee + Family	\$1,350.56	\$488.14	\$1,331.79	\$473.41

PLAN 2

Blue Shield PPO with Superior Vision				
Delta Dental - DPPO		MetLife Dental - DHMO		
Total Premium	Employee Cost	Total Premium	Employee Cost	
Employee Only	\$643.96	\$111.12	\$630.47	\$99.52
Employee + Spouse	\$1,142.88	\$337.71	\$1,124.55	\$322.47
Employee + Child(ren)	\$1,009.41	\$242.55	\$997.02	\$232.94
Employee + Family	\$1,509.28	\$600.01	\$1,490.51	\$585.28

PLAN 3

Blue Shield HDHP with Superior Vision				
Delta Dental - DPPO		MetLife Dental - DHMO		
Total Premium	Employee Cost	Total Premium	Employee Cost	
Employee Only	\$492.68	\$2.94	\$479.19	\$0.00
Employee + Spouse	\$873.59	\$147.83	\$855.26	\$132.59
Employee + Child(ren)	\$771.89	\$75.07	\$759.50	\$65.47
Employee + Family	\$1,153.75	\$349.36	\$1,134.98	\$334.63

PLAN 4

KAISER HMO with Kaiser Vision				
Delta Dental - DPPO		MetLife Dental - DHMO		
Total Premium	Employee Cost	Total Premium	Employee Cost	
Employee Only	\$432.22	\$0.00	\$418.73	\$0.00
Employee + Spouse	\$789.62	\$142.30	\$771.29	\$127.06
Employee + Child(ren)	\$663.62	\$43.38	\$651.23	\$33.77
Employee + Family	\$1,013.78	\$319.10	\$995.01	\$304.37

PLAN 5

KAISER HDHP with Superior Vision				
Delta Dental - DPPO		MetLife Dental - DHMO		
Total Premium	Employee Cost	Total Premium	Employee Cost	
Employee Only	\$347.12	\$0.00	\$333.63	\$0.00
Employee + Spouse	\$633.48	\$19.89	\$615.15	\$4.65
Employee + Child(ren)	\$533.87	\$0.00	\$521.48	\$0.00
Employee + Family	\$814.86	\$165.31	\$796.09	\$150.58

Note: Total biweekly deductions may be one or two cents different due to ADP rounding.