

**2022 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS**

**.6 Twice Monthly Premium Schedule**

**Effective January 1, 2022 through December 31, 2022**

Twice-monthly premiums include \$1.77 for Employee Assistance and CareCounsel Assistance Plans

\*Blue Shield HDHP Twice-monthly Premiums includes \$1.32 for Amino Program

BLUE SHIELD Narrow Network	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$395.71	\$237.43	\$158.28	\$316.57
with 1 Dependent (or Spouse)	\$728.21	\$237.43	\$490.78	\$981.57
with 2 or More Dependents	\$1,142.71	\$237.43	\$905.28	\$1,810.57
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$418.71	\$251.23	\$167.48	\$334.97
with 1 Dependent (or Spouse)	\$770.71	\$251.23	\$519.48	\$1,038.97
with 2 or More Dependents	\$1,209.71	\$251.23	\$958.48	\$1,916.97
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$484.21	\$251.23	\$232.98	\$465.97
with 1 Dependent (or Spouse)	\$893.71	\$251.23	\$642.48	\$1,284.97
with 2 or More Dependents	\$1,401.21	\$251.23	\$1,149.98	\$2,299.97
BLUE SHIELD PPO (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$637.21	\$251.23	\$385.98	\$771.97
with 1 Dependent (or Spouse)	\$1,175.21	\$251.23	\$923.98	\$1,847.97
with 2 or More Dependents	\$1,845.71	\$251.23	\$1,594.48	\$3,188.97
BLUE SHIELD* (HSA eligible) HIGH DEDUCTIBLE HEALTH PLAN - HDHP with County Contribution to Employee's Health Savings Account	Medical Premium	County Contribution (excl.HSA Contrib)	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$364.71	\$218.83	\$145.88	\$291.77
with 1 Dependent (or Spouse)	\$651.21	\$218.83	\$432.38	\$864.77
with 2 or More Dependents	\$1,022.21	\$218.83	\$803.38	\$1,606.77
KAISER HMO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$321.89	\$193.13	\$128.76	\$257.51
with 1 Dependent (or Spouse)	\$603.39	\$193.13	\$410.26	\$820.51
with 2 or More Dependents	\$915.89	\$193.13	\$722.76	\$1,445.51
KAISER HMO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$334.89	\$200.93	\$133.96	\$267.91
with 1 Dependent (or Spouse)	\$625.39	\$200.93	\$424.46	\$848.91
with 2 or More Dependents	\$949.89	\$200.93	\$748.96	\$1,497.91
DENTAL PLANS				
COUNTY SELF-FUNDED DENTAL PLAN DELTA DENTAL DPPO Group #16458	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$16.61	\$7.82	\$8.79	\$17.58
with 1 Dependent (or Spouse)	\$27.72	\$7.82	\$19.90	\$39.80
with 2 or More Dependents	\$42.43	\$7.82	\$34.61	\$69.22
DELTA DENTAL DeltaCareUSA DHMO Group #06825	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$16.44	\$7.82	\$8.62	\$17.24
with 1 Dependent (or Spouse)	\$27.02	\$7.82	\$19.20	\$38.40
with 2 or More Dependents	\$41.03	\$7.82	\$33.21	\$66.42
Vision PLANS				
VSP Vision	Vision Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$6.36	N/A	\$3.18	\$6.36
with 1 Dependent (or Spouse)	\$9.15	N/A	\$4.57	\$9.15
with 2 or More Dependents	\$16.41	N/A	\$8.20	\$16.41