

2022 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS
.7 FTE 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	\$277.00	\$118.71	\$237.43
with 1 Dependent (or Spouse)	\$728.21	\$277.00	\$451.21	\$902.43
with 2 or More Dependents	\$1,142.71	\$277.00	\$865.71	\$1,731.43
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$418.71	\$293.10	\$125.61	\$251.23
with 1 Dependent (or Spouse)	\$770.71	\$293.10	\$477.61	\$955.23
with 2 or More Dependents	\$1,209.71	\$293.10	\$916.61	\$1,833.23
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$484.21	\$293.10	\$191.11	\$382.23
with 1 Dependent (or Spouse)	\$893.71	\$293.10	\$600.61	\$1,201.23
with 2 or More Dependents	\$1,401.21	\$293.10	\$1,108.11	\$2,216.23
BLUE SHIELD PPO (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$637.21	\$293.10	\$344.11	\$688.23
with 1 Dependent (or Spouse)	\$1,175.21	\$293.10	\$882.11	\$1,764.23
with 2 or More Dependents	\$1,845.71	\$293.10	\$1,552.61	\$3,105.23
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	\$255.30	\$109.41	\$218.83
with 1 Dependent (or Spouse)	\$651.21	\$255.30	\$395.91	\$791.83
with 2 or More Dependents	\$1,022.21	\$255.30	\$766.91	\$1,533.83
KAISER HMO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$321.89	\$225.32	\$96.57	\$193.13
with 1 Dependent (or Spouse)	\$603.39	\$225.32	\$378.07	\$756.13
with 2 or More Dependents	\$915.89	\$225.32	\$690.57	\$1,381.13
KAISER HMO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$334.89	\$234.42	\$100.47	\$200.93
with 1 Dependent (or Spouse)	\$625.39	\$234.42	\$390.97	\$781.93
with 2 or More Dependents	\$949.89	\$234.42	\$715.47	\$1,430.93
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	\$9.12	\$7.49	\$14.98
with 1 Dependent (or Spouse)	\$27.72	\$9.12	\$18.60	\$37.20
with 2 or More Dependents	\$42.43	\$9.12	\$33.31	\$66.62
DELTA DENTAL DeltaCareUSA DHMO Group #06825	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$16.44	\$9.12	\$7.32	\$14.64
with 1 Dependent (or Spouse)	\$27.02	\$9.12	\$17.90	\$35.80
with 2 or More Dependents	\$41.03	\$9.12	\$31.91	\$63.82
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