

2022 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS
.75 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 | \$296.78 | \$98.93 | \$197.86 |
| with 1 Dependent (or Spouse) | \$728.21 | \$296.78 | \$431.43 | \$862.86 |
| with 2 or More Dependents | \$1,142.71 | \$296.78 | \$845.93 | \$1,691.86 |
| BLUE SHIELD EPO LOW OPTION | Medical Premium | County Contribution | Paycheck Deduction Per Pay Period (pre-tax) | Total Monthly Deduction |
| Employee Only | \$418.71 | \$314.03 | \$104.68 | \$209.36 |
| with 1 Dependent (or Spouse) | \$770.71 | \$314.03 | \$456.68 | \$913.36 |
| with 2 or More Dependents | \$1,209.71 | \$314.03 | \$895.68 | \$1,791.36 |
| BLUE SHIELD EPO HIGH OPTION | Medical Premium | County Contribution | Paycheck Deduction Per Pay Period (pre-tax) | Total Monthly Deduction |
| Employee Only | \$484.21 | \$314.03 | \$170.18 | \$340.36 |
| with 1 Dependent (or Spouse) | \$893.71 | \$314.03 | \$579.68 | \$1,159.36 |
| with 2 or More Dependents | \$1,401.21 | \$314.03 | \$1,087.18 | \$2,174.36 |
| BLUE SHIELD PPO (not HSA eligible) | Medical Premium | County Contribution | Paycheck Deduction Per Pay Period (pre-tax) | Total Monthly Deduction |
| Employee Only | \$637.21 | \$314.03 | \$323.18 | \$646.36 |
| with 1 Dependent (or Spouse) | \$1,175.21 | \$314.03 | \$861.18 | \$1,722.36 |
| with 2 or More Dependents | \$1,845.71 | \$314.03 | \$1,531.68 | \$3,063.36 |
| 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 | \$273.53 | \$91.18 | \$182.36 |
| with 1 Dependent (or Spouse) | \$651.21 | \$273.53 | \$377.68 | \$755.36 |
| with 2 or More Dependents | \$1,022.21 | \$273.53 | \$748.68 | \$1,497.36 |
| KAISER HMO LOW OPTION | Medical Premium | County Contribution | Paycheck Deduction Per Pay Period (pre-tax) | Total Monthly Deduction |
| Employee Only | \$321.89 | \$241.42 | \$80.47 | \$160.95 |
| with 1 Dependent (or Spouse) | \$603.39 | \$241.42 | \$361.97 | \$723.95 |
| with 2 or More Dependents | \$915.89 | \$241.42 | \$674.47 | \$1,348.95 |
| KAISER HMO HIGH OPTION | Medical Premium | County Contribution | Paycheck Deduction Per Pay Period (pre-tax) | Total Monthly Deduction |
| Employee Only | \$334.89 | \$251.17 | \$83.72 | \$167.45 |
| with 1 Dependent (or Spouse) | \$625.39 | \$251.17 | \$374.22 | \$748.45 |
| with 2 or More Dependents | \$949.89 | \$251.17 | \$698.72 | \$1,397.45 |
| 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 | \$9.77 | \$6.84 | \$13.68 |
| with 1 Dependent (or Spouse) | \$27.72 | \$9.77 | \$17.95 | \$35.90 |
| with 2 or More Dependents | \$42.43 | \$9.77 | \$32.66 | \$65.32 |
| DELTA DENTAL DeltaCareUSA DHMO Group #06825 | Dental Premium | County Contribution | Paycheck Deduction Per Pay Period (pre-tax) | Total Monthly Deduction |
| Employee Only | \$16.44 | \$9.77 | \$6.67 | \$13.34 |
| with 1 Dependent (or Spouse) | \$27.02 | \$9.77 | \$17.25 | \$34.50 |
| with 2 or More Dependents | \$41.03 | \$9.77 | \$31.26 | \$62.52 |
| 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 |