

2022 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS
.8 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	\$316.57	\$79.14	\$158.28
with 1 Dependent (or Spouse)	\$728.21	\$316.57	\$411.64	\$823.28
with 2 or More Dependents	\$1,142.71	\$316.57	\$826.14	\$1,652.28
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$418.71	\$334.97	\$83.74	\$167.48
with 1 Dependent (or Spouse)	\$770.71	\$334.97	\$435.74	\$871.48
with 2 or More Dependents	\$1,209.71	\$334.97	\$874.74	\$1,749.48
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$484.21	\$334.97	\$149.24	\$298.48
with 1 Dependent (or Spouse)	\$893.71	\$334.97	\$558.74	\$1,117.48
with 2 or More Dependents	\$1,401.21	\$334.97	\$1,066.24	\$2,132.48
BLUE SHIELD PPO (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$637.21	\$334.97	\$302.24	\$604.48
with 1 Dependent (or Spouse)	\$1,175.21	\$334.97	\$840.24	\$1,680.48
with 2 or More Dependents	\$1,845.71	\$334.97	\$1,510.74	\$3,021.48
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	\$291.77	\$72.94	\$145.88
with 1 Dependent (or Spouse)	\$651.21	\$291.77	\$359.44	\$718.88
with 2 or More Dependents	\$1,022.21	\$291.77	\$730.44	\$1,460.88
KAISER HMO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$321.89	\$257.51	\$64.38	\$128.76
with 1 Dependent (or Spouse)	\$603.39	\$257.51	\$345.88	\$691.76
with 2 or More Dependents	\$915.89	\$257.51	\$658.38	\$1,316.76
KAISER HMO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$334.89	\$267.91	\$66.98	\$133.96
with 1 Dependent (or Spouse)	\$625.39	\$267.91	\$357.48	\$714.96
with 2 or More Dependents	\$949.89	\$267.91	\$681.98	\$1,363.96
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	\$10.42	\$6.19	\$12.37
with 1 Dependent (or Spouse)	\$27.72	\$10.42	\$17.30	\$34.59
with 2 or More Dependents	\$42.43	\$10.42	\$32.01	\$64.01
DELTA DENTAL DeltaCareUSA DHMO Group #06825	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$16.44	\$10.42	\$6.02	\$12.03
with 1 Dependent (or Spouse)	\$27.02	\$10.42	\$16.60	\$33.19
with 2 or More Dependents	\$41.03	\$10.42	\$30.61	\$61.21
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