

2022 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS
.9 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	\$356.14	\$39.57	\$79.14
with 1 Dependent (or Spouse)	\$728.21	\$356.14	\$372.07	\$744.14
with 2 or More Dependents	\$1,142.71	\$356.14	\$786.57	\$1,573.14
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$418.71	\$376.84	\$41.87	\$83.74
with 1 Dependent (or Spouse)	\$770.71	\$376.84	\$393.87	\$787.74
with 2 or More Dependents	\$1,209.71	\$376.84	\$832.87	\$1,665.74
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$484.21	\$376.84	\$107.37	\$214.74
with 1 Dependent (or Spouse)	\$893.71	\$376.84	\$516.87	\$1,033.74
with 2 or More Dependents	\$1,401.21	\$376.84	\$1,024.37	\$2,048.74
BLUE SHIELD PPO (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$637.21	\$376.84	\$260.37	\$520.74
with 1 Dependent (or Spouse)	\$1,175.21	\$376.84	\$798.37	\$1,596.74
with 2 or More Dependents	\$1,845.71	\$376.84	\$1,468.87	\$2,937.74
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	\$328.24	\$36.47	\$72.94
with 1 Dependent (or Spouse)	\$651.21	\$328.24	\$322.97	\$645.94
with 2 or More Dependents	\$1,022.21	\$328.24	\$693.97	\$1,387.94
KAISER HMO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$321.89	\$289.70	\$32.19	\$64.38
with 1 Dependent (or Spouse)	\$603.39	\$289.70	\$313.69	\$627.38
with 2 or More Dependents	\$915.89	\$289.70	\$626.19	\$1,252.38
KAISER HMO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$334.89	\$301.40	\$33.49	\$66.98
with 1 Dependent (or Spouse)	\$625.39	\$301.40	\$323.99	\$647.98
with 2 or More Dependents	\$949.89	\$301.40	\$648.49	\$1,296.98
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	\$11.73	\$4.88	\$9.77
with 1 Dependent (or Spouse)	\$27.72	\$11.73	\$15.99	\$31.99
with 2 or More Dependents	\$42.43	\$11.73	\$30.70	\$61.41
DELTA DENTAL DeltaCareUSA DHMO Group #06825	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$16.44	\$11.73	\$4.71	\$9.43
with 1 Dependent (or Spouse)	\$27.02	\$11.73	\$15.29	\$30.59
with 2 or More Dependents	\$41.03	\$11.73	\$29.30	\$58.61
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