

2022 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS
Combined Coverage Employee 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 Plans 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
with 1 Dependent (or Spouse)	\$728.21	\$728.21	\$0.00	\$0.00
with 2 or More Dependents	\$1,142.71	\$788.33	\$354.38	\$708.76
BLUE SHIELD* EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
with 1 Dependent (or Spouse)	\$770.71	\$770.71	\$0.00	\$0.00
with 2 or More Dependents	\$1,209.71	\$834.33	\$375.38	\$750.76
BLUE SHIELD* EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
with 1 Dependent (or Spouse)	\$893.71	\$834.33	\$59.38	\$118.76
with 2 or More Dependents	\$1,401.21	\$834.33	\$566.88	\$1,133.76
BLUE SHIELD PPO* (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
with 1 Dependent (or Spouse)	\$1,175.21	\$834.33	\$340.88	\$681.76
with 2 or More Dependents	\$1,845.71	\$834.33	\$1,011.38	\$2,022.76
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
with 1 Dependent (or Spouse)	\$651.21	\$651.21	\$0.00	\$0.00
with 2 or More Dependents	\$1,022.21	\$726.33	\$295.88	\$591.76
KAISER HMO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
with 1 Dependent (or Spouse)	\$603.39	\$603.39	\$0.00	\$0.00
with 2 or More Dependents	\$915.89	\$642.01	\$273.88	\$547.76
KAISER HMO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
with 1 Dependent (or Spouse)	\$625.39	\$625.39	\$0.00	\$0.00
with 2 or More Dependents	\$949.89	\$668.01	\$281.88	\$563.76
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
with 1 Dependent (or Spouse)	\$27.72	\$26.06	\$1.66	\$3.32
with 2 or More Dependents	\$42.43	\$26.06	\$16.37	\$32.74
DELTA DENTAL DeltaCareUSA DHMO Group #06825	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
with 1 Dependent (or Spouse)	\$27.02	\$26.06	\$0.96	\$1.92
with 2 or More Dependents	\$41.03	\$26.06	\$14.97	\$29.94
Vision PLANS				
VSP Vision	Vision Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
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