

**2022 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS
EXH (ACA) 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 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	\$271.71	\$124.00	\$248.00
with 1 Dependent (or Spouse)	\$728.21	\$271.71	\$456.50	\$913.00
with 2 or More Dependents	\$1,142.71	\$271.71	\$871.00	\$1,742.00
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$418.71	\$271.71	\$147.00	\$294.00
with 1 Dependent (or Spouse)	\$770.71	\$271.71	\$499.00	\$998.00
with 2 or More Dependents	\$1,209.71	\$271.71	\$938.00	\$1,876.00
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$484.21	\$271.71	\$212.50	\$425.00
with 1 Dependent (or Spouse)	\$893.71	\$271.71	\$622.00	\$1,244.00
with 2 or More Dependents	\$1,401.21	\$271.71	\$1,129.50	\$2,259.00
BLUE SHIELD PPO (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$637.21	\$271.71	\$365.50	\$731.00
with 1 Dependent (or Spouse)	\$1,175.21	\$271.71	\$903.50	\$1,807.00
with 2 or More Dependents	\$1,845.71	\$271.71	\$1,574.00	\$3,148.00
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	\$271.71	\$93.00	\$186.00
with 1 Dependent (or Spouse)	\$651.21	\$271.71	\$379.50	\$759.00
with 2 or More Dependents	\$1,022.21	\$271.71	\$750.50	\$1,501.00
KAISER HMO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$321.89	\$271.71	\$50.18	\$100.36
with 1 Dependent (or Spouse)	\$603.39	\$271.71	\$331.68	\$663.36
with 2 or More Dependents	\$915.89	\$271.71	\$644.18	\$1,288.36
KAISER HMO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$334.89	\$271.71	\$63.18	\$126.36
with 1 Dependent (or Spouse)	\$625.39	\$271.71	\$353.68	\$707.36
with 2 or More Dependents	\$949.89	\$271.71	\$678.18	\$1,356.36
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	\$13.03	\$3.58	\$7.16
with 1 Dependent (or Spouse)	\$27.72	\$13.03	\$14.69	\$29.38
with 2 or More Dependents	\$42.43	\$13.03	\$29.40	\$58.80
DELTA DENTAL DeltaCareUSA DHMO Group #06825	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$16.44	\$13.03	\$3.41	\$6.82
with 1 Dependent (or Spouse)	\$27.02	\$13.03	\$13.99	\$27.98
with 2 or More Dependents	\$41.03	\$13.03	\$28.00	\$56.00
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