

Health Insurance Employee Contributions

Rates effective July 1, 2022 – June 30, 2023

Rates apply to full-time employees who work 40+ hours per week

Rates are for health insurance only

Premium PPO <i>(PPO with Anthem BCBS)</i>	Full Monthly Cost (including Stafford and Employee Contributions)	Monthly Cost to Employee	Per Paycheck Cost to Employee
Employee Only	\$659	\$99	\$49.50
Employee + Child	\$988	\$165	\$82.50
Employee + Children	\$1,186	\$204	\$102
Employee + Spouse	\$1,384	\$244	\$122
Employee + Family	\$1,779	\$323	\$161.50

Core PPO <i>(PPO with Anthem BCBS)</i>	Full Monthly Cost (including Stafford and Employee Contributions)	Monthly Cost to Employee	Per Paycheck Cost to Employee
Employee Only	\$635	\$32	\$16
Employee + Child	\$953	\$64	\$32
Employee + Children	\$1,143	\$83	\$41.50
Employee + Spouse	\$1,334	\$102	\$51
Employee + Family	\$1,715	\$140	\$70

HDHP w/HSA <i>(HDHP with Anthem BCBS)</i>	Full Monthly Cost (including Stafford and Employee Contributions)	Monthly Cost to Employee	Per Paycheck Cost to Employee
Employee Only	\$521	\$26	\$13
Employee + Child	\$781	\$52	\$26
Employee + Children	\$937	\$68	\$34
Employee + Spouse	\$1,093	\$83	\$41.50
Employee + Family	\$1,405	\$115	\$57.50

Dental Insurance Employee Contributions

Rates effective July 1, 2022 – June 30, 2023

Rates apply to full-time employees who work 40+ hours per week*

Low Option Dental <i>*Does not cover orthodontia</i>	Full Monthly Cost (including Stafford and Employee Contributions)	Monthly Cost to Employee	Per Paycheck Cost to Employee
Employee Only	\$30	\$5	\$2.50
Employee + Child	\$60	\$11	\$5.50
Employee + Children	\$66	\$12	\$6
Employee + Spouse	\$57	\$10	\$5
Family	\$94	\$17	\$8.50

High Option Dental	Full Monthly Cost (including Stafford and Employee Contributions)	Monthly Cost to Employee	Per Paycheck Cost to Employee
Employee Only	\$35	\$5	\$2.50
Employee + Child	\$70	\$12	\$6
Employee + Children	\$77	\$14	\$7
Employee + Spouse	\$66	\$11	\$5.50
Family	\$109	\$20	\$10

*Employees who receive the Opt-Out Credit and elect dental coverage must pay the full monthly cost for dental insurance

Per Paycheck Cost w/ Opt-Out Credit	Low Option Dental <i>*Does not cover orthodontia</i>	High Option Dental
Employee Only	\$15	\$17.50
Employee + Child	\$30	\$35
Employee + Children	\$33	\$38.50
Employee + Spouse	\$28.50	\$33
Family	\$47	\$54.50