

FY22 Health and Dental Rates July 1, 2021 - June 30, 2022*

Licensed Staff/Admin	Annual Premium	Monthly Premium *	Employer Monthly Share	Employee Share Monthly Premium *	Out-of- Pocket (OOP) Maximum	Employer Share OOP	Employee Share OOP (last dollar)
HEALTH PLANS - Employer pays 80% of Gold CDHP Premium, Employee pays 20% of Gold CDHP Premium							
HRA - Employer pays first dollar Out-of-Pocket, then Employee contributes (based on Gold CDHP OOP)							
Platinum							
Single	\$10,675.08	\$889.59	\$637.06	\$252.53	\$2,800.00	\$2,100.00	\$700.00
Parent/Child(ren)	\$17,850.36	\$1,487.53	\$984.92	\$502.61	\$5,600.00	\$4,200.00	\$1,400.00
2-person	\$21,350.16	\$1,779.18	\$1,196.43	\$582.75	\$5,600.00	\$4,200.00	\$1,400.00
Family	\$30,199.56	\$2,516.63	\$1,764.66	\$751.97	\$5,600.00	\$4,200.00	\$1,400.00
Gold							
Single	\$10,416.60	\$868.05	\$637.06	\$230.99	\$3,100.00	\$2,100.00	\$1,000.00
Parent/Child(ren)	\$17,432.76	\$1,452.73	\$984.92	\$467.81	\$6,200.00	\$4,200.00	\$2,000.00
2-person	\$20,833.08	\$1,736.09	\$1,196.43	\$539.66	\$6,200.00	\$4,200.00	\$2,000.00
Family	\$29,486.52	\$2,457.21	\$1,764.66	\$692.55	\$6,200.00	\$4,200.00	\$2,000.00
Gold CDHP							
Single	\$9,555.84	\$796.32	\$637.06	\$159.26	\$2,500.00	\$2,100.00	\$400.00
Parent/Child(ren)	\$14,773.80	\$1,231.15	\$984.92	\$246.23	\$5,000.00	\$4,200.00	\$800.00
2-person	\$17,946.48	\$1,495.54	\$1,196.43	\$299.11	\$5,000.00	\$4,200.00	\$800.00
Family	\$26,469.96	\$2,205.83	\$1,764.66	\$441.17	\$5,000.00	\$4,200.00	\$800.00
Silver CDHP							
Single	\$9,052.56	\$754.38	\$603.50	\$150.88	\$4,000.00	\$2,100.00	\$1,900.00
Parent/Child(ren)	\$15,260.16	\$1,271.68	\$1,017.34	\$254.34	\$8,000.00	\$4,200.00	\$3,800.00
2-person	\$18,105.24	\$1,508.77	\$1,207.02	\$301.75	\$8,000.00	\$4,200.00	\$3,800.00
Family	\$25,760.76	\$2,146.73	\$1,717.38	\$429.35	\$8,000.00	\$4,200.00	\$3,800.00

* Premiums Subject to Change July 1, 2022

Health and Dental Insurance Premiums based on FTE

Health Insurance buy-out amount is \$3,000.00 and based on FTE when less than .8

ALL STAFF	Annual Premium	Monthly Premium	Employer Monthly Share	Employee Monthly Share
DENTAL PLAN - through CBA Blue Benefit is prorated if working less than full time.				
Employer pays 100% of the premium for a Single, Parent/Child(ren) or 2 person plan.				
Employee pays the difference for Family				
Single	\$472.84	\$39.40	\$39.40	\$0.00
Parent/Child(ren)	\$855.62	\$71.30	\$71.30	\$0.00
2 Person	\$950.58	\$79.22	\$79.22	\$0.00
Family	\$1,467.02	\$122.25	\$79.22	\$43.04