

MEDICAL PREMIUMS 21/22 PLAN YEAR

21/22 Premiums - Plan A with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
Plan A / HIE	Employee Only	\$ 130.00	\$ 742.00	\$ 872.00
Plan A / HIS	EE + Spouse	\$ 740.00	\$ 985.00	\$ 1,725.00
Plan A / HIC	EE + Child(ren)	\$ 664.00	\$ 964.00	\$ 1,628.00
Plan A / HIF	EE + Family	\$ 1,072.00	\$ 1,063.00	\$ 2,135.00

21/22 Premiums - Plan B with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
Plan B / HIBE	Employee Only	\$ -	\$ 720.00	\$ 720.00
Plan B / HISB	EE + Spouse	\$ 481.00	\$ 943.00	\$ 1,424.00
Plan B / HICB	EE + Child(ren)	\$ 419.00	\$ 923.00	\$ 1,342.00
Plan B / HIFB	EE + Family	\$ 750.00	\$ 1,011.00	\$ 1,761.00

21/22 Premiums - HDHP with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
HDHP / HIHE	Employee Only	\$ -	\$ 549.00	\$ 549.00
HDHP / HISH	EE + Spouse	\$ 389.00	\$ 717.00	\$ 1,106.00
HDHP / HICH	EE + Child(ren)	\$ 340.00	\$ 703.00	\$ 1,043.00
HDHP / HHFD	EE + Family	\$ 611.00	\$ 764.00	\$ 1,375.00

21/22 Premiums - Dental

Coverage Category		Employee Cost	AWC Cost	Total Premium
Dental / HEED	Employee Only	\$ -	\$ 40.00	\$ 40.00
Dental / HDSP	EE + Spouse	\$ 41.00	\$ 40.00	\$ 81.00
Dental / HDCH	EE + Child(ren)	\$ 36.00	\$ 40.00	\$ 76.00
Dental / HFD	EE + Family	\$ 61.00	\$ 40.00	\$ 101.00

21/22 Premiums - WAIVED

Coverage Category		Employee Cost	AWC Cost	Total Premium
Health HIEW / Waived	Employee Only	\$ -	\$ 720.00	\$ 720.00
Dental HEDW / Waived	Employee Only	\$ -	\$ 40.00	\$ 40.00

Effective 7/1/21