## 2023 Biweekly Premium Rates: Active Employees

| Medical Premiums | Biweekly County |  | Biweekly Employee |  | Cost Share Percentage |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Without Wellness | With Wellness | Without Wellness | With Wellness | County | Employee |
| ANTHEM HSA PLAN |  |  |  |  |  |  |
| Employee | \$283.50 | \$293.50 | \$70.87 | \$60.87 | 80\% | 20\% |
| Employee + 1 | \$541.91 | \$551.91 | \$135.48 | \$125.48 | 80\% | 20\% |
| Family | \$706.48 | \$716.48 | \$176.62 | \$166.62 | 80\% | 20\% |
| ANTHEM POS PLAN |  |  |  |  |  |  |
| Employee | \$339.23 | \$349.23 | \$113.08 | \$103.08 | 75\% | 25\% |
| Employee + 1 | \$626.11 | \$636.11 | \$208.70 | \$198.70 | 75\% | 25\% |
| Family | \$849.56 | \$859.56 | \$283.19 | \$273.19 | 75\% | 25\% |
| ANTHEM HMO PLAN |  |  |  |  |  |  |
| Employee | \$317.63 | \$327.63 | \$79.41 | \$69.41 | 80\% | 20\% |
| Employee + 1 | \$586.23 | \$596.23 | \$146.56 | \$136.56 | 80\% | 20\% |
| Family | \$795.46 | \$805.46 | \$198.86 | \$188.86 | 80\% | 20\% |
| KAISER HMO PLAN |  |  |  |  |  |  |
| Employee | \$255.30 | \$265.30 | \$63.82 | \$53.82 | 80\% | 20\% |
| Employee + 1 | \$488.02 | \$498.02 | \$122.01 | \$112.01 | 80\% | 20\% |
| Family | \$636.22 | \$646.22 | \$159.06 | \$149.06 | 80\% | 20\% |

Biweekly medical premiums will be $\$ 10$ lower if the wellness credit is earned, and $\$ 25$ higher if you must pay the tobacco surcharge.

| Dental Premiums | Biweekly County | Biweekly Employee | Cost Share Percentage |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | County | Employee |
| AETNA DENTAL HMO PLAN |  |  |  |  |
| Employee | \$6.37 | \$2.12 | 75\% | 25\% |
| Employee + 1 | \$12.42 | \$4.14 | 75\% | 25\% |
| Family | \$20.38 | \$6.79 | 75\% | 25\% |
| AETNA DENTAL PPO PLAN |  |  |  |  |
| Employee | \$12.92 | \$4.31 | 75\% | 25\% |
| Employee + 1 | \$26.49 | \$8.83 | 75\% | 25\% |
| Family | \$34.74 | \$11.58 | 75\% | 25\% |
| Vision Premiums | Biweekly County | Biweekly Employee | Cost Share Percentage |  |
|  |  |  | County | Employee |
| EYEMED VISION PPO PLAN |  |  |  |  |
| Employee | \$2.04 | \$1.47 | 58\% | 42\% |
| Employee + 1 | \$4.18 | \$3.02 | 58\% | 42\% |
| Family | \$5.48 | \$3.96 | 58\% | 42\% |


| Life Insurance Premiums | Prem | Rates: Active Ennoloyees |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Biweekly County | Biweekly Employee | Cost Share Percentage |  |
|  |  |  | County | Employee |
| Life B \& AD\&D (50K) | \$2.36 | \$0.79 | 75\% | 25\% |
| Life D (10K) | \$2.74 | \$0.92 | 75\% | 25\% |


| Supplemental Life Insurance Premiums | Benefit Amount | Total Biweekly Premium (100\% Employee-Paid) |
| :---: | :---: | :---: |
| Employee Optional Supplemental Term Life | \$25,000 | \$3.75 |
|  | \$50,000 | \$7.50 |
|  | \$75,000 | \$11.25 |
|  | \$100,000 | \$15.00 |
|  | \$125,000 | \$18.75 |
|  | \$150,000 | \$22.50 |
|  | \$175,000 | \$26.25 |
|  | \$200,000 | \$30.00 |
|  | \$225,000 | \$33.75 |
|  | \$250,000 | \$37.50 |
|  | \$275,000 | \$41.25 |
|  | \$300,000 | \$45.00 |

