

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	Divisable County	Diversity Frances	Cost Share Percentage	
Dental Premiums	Biweekly County	Biweekly Employee	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 Dromiums	Diversity County	Diversity Frances	Cost Share Percentage	
Vision Premiums	Biweekly County	Biweekly Employee	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%



2023 Biweekly Premium Rates: Active Employees

Life Insurance	Biweekly County	Biweekly Employee	Cost Share Percentage	
Premiums		Diweekly Lilipioyee	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)	
	\$25,000	\$3.75	
	\$50,000	\$7.50	
	\$75,000	\$11.25	
	\$100,000	\$15.00	
	\$125,000	\$18.75	
Employee Optional	\$150,000	\$22.50	
Supplemental Term Life	\$175,000	\$26.25	
	\$200,000	\$30.00	
	\$225,000	\$33.75	
	\$250,000	\$37.50	
	\$275,000	\$41.25	
	\$300,000	\$45.00	