



2022 BENEFITS PLAN PREMIUMS

Below are the employee contribution amounts for benefits effective January 1 through December 31, 2022. See your benefits guide for plan details and enrollment instructions.

MEDICAL PLANS

Per-Paycheck Deductions	Bronze HMO Plan		Silver PPO Plan		Gold PPO Plan	
	22 Paycheck	26 Paycheck	22 Paycheck	26 Paycheck	22 Paycheck	26 Paycheck
Employee Only	\$17.45	\$14.77	\$34.91	\$29.54	\$55.64	\$47.08
Employee + Spouse	\$212.18	\$179.54	\$259.09	\$219.23	\$303.27	\$256.62
Employee + Child(ren)	\$87.27	\$73.85	\$158.18	\$133.85	\$200.73	\$169.85
Family	\$280.91	\$237.69	\$382.36	\$323.54	\$448.36	\$379.38

DENTAL PLANS

Per-Paycheck Deductions	Low Plan		High Plan	
	22 Paycheck	26 Paycheck	22 Paycheck	26 Paycheck
Employee Only	\$14.06	\$11.90	\$24.38	\$20.63
Employee + Spouse	\$26.83	\$22.70	\$45.98	\$38.90
Employee + Child(ren)	\$29.63	\$25.07	\$50.50	\$42.73
Family	\$42.41	\$35.88	\$71.83	\$60.78

VISION PLANS

Per-Paycheck Deductions	Basic Plan		Premium Plan	
	22 Paycheck	26 Paycheck	22 Paycheck	26 Paycheck
Employee Only	\$4.81	\$4.07	\$6.61	\$5.59
Employee + Spouse	\$9.62	\$8.14	\$13.24	\$11.20
Employee + Child(ren)	\$11.81	\$10.00	\$16.45	\$13.92
Family	\$16.54	\$13.99	\$23.01	\$19.47

SHORT-TERM DISABILITY INSURANCE

Rate Per \$10 of Weekly Covered Benefit	
Employee Only	\$0.750

LONG-TERM DISABILITY INSURANCE

Rate Per \$100 of Covered Payroll	
Employee Only	\$0.578

LEGAL INSURANCE

Per-Paycheck Deductions	22 Paycheck	26 Paycheck
Employee + Family	\$8.18	\$6.92

IDENTITY THEFT PROTECTION

Per-Paycheck Deductions	22 Paycheck	26 Paycheck
Employee Only	\$4.90	\$4.15
Family	\$9.26	\$7.84

ACCIDENT INSURANCE

Per-Paycheck Deductions	22 Paycheck	26 Paycheck
Employee Only	\$3.45	\$2.92
Employee + Spouse	\$6.78	\$5.74
Employee + Child(ren)	\$8.21	\$6.95
Family	\$9.64	\$8.16

CRITICAL ILLNESS INSURANCE

Per-Paycheck Deductions
Rates are calculated based on age, tobacco use, amount of coverage elected, and other such factors, and will be provided at the time of enrollment.

HOSPITAL INDEMNITY INSURANCE

Per-Paycheck Deductions	22 Paycheck	26 Paycheck
Employee Only	\$14.57	\$12.33
Employee + Spouse	\$27.34	\$23.13
Employee + Child(ren)	\$20.59	\$17.42
Family	\$33.35	\$28.22

As of 10/25/2021

Note: Every effort has been made to ensure the information in this document is accurate. However, if there is any inconsistency between this document and the applicable plan documents, the official plan documents will always govern.

In the event there are medical rate changes because of the collective bargaining process, additional information will be provided for 2022 changes.