

## 2022 Combined Fringe Full Time Rate Sheet

	Preferred Care Blue Blue Saver QHDHP - High Deduct.	Blue Select Plus QDHP - High Deduct.	Preferred Care Blue PPO	Blue Select Plus PPO	Blue Select Plus EPO	Blue Care HMO
Family Plan Premium	\$1,962.45	\$1,763.44	\$2,705.49	\$2,417.31	\$2,450.51	\$2,743.22
Combined Fringe (\$792 x 2)	\$1,584.00	\$1,584.00	\$1,584.00	\$1,584.00	\$1,584.00	\$1,584.00
<b>Salary Reduction with Combined Fringe</b>	\$378.45	\$179.44	\$1,121.49	\$833.31	\$866.51	\$1,159.22
Employee Only Plan	\$0.00	\$0.00	\$95.41	\$0.00	\$11.53	\$107.82
Employee Plus Chid(ren)	\$429.68	\$305.30	\$894.08	\$713.97	\$734.72	\$917.66
<b>Salary Reduction without Combined Fringe</b>	\$429.68	\$305.30	\$989.49	\$713.97	\$746.25	\$1,025.48

  

	Preferred Care Blue Blue Saver QHDHP - High Deduct.	Blue Select Plus QDHP - High Deduct.	Preferred Care Blue PPO	Blue Select Plus PPO	Blue Select Plus EPO	Blue Care HMO
Family Plan Premium	\$1,962.45	\$1,763.44	\$2,705.49	\$2,417.31	\$2,450.51	\$2,743.22
Combined Fringe (\$742 x 2)	\$1,484.00	\$1,484.00	\$1,484.00	\$1,484.00	\$1,484.00	\$1,484.00
<b>Salary Reduction with Combined Fringe</b>	\$478.45	\$279.44	\$1,221.49	\$933.31	\$966.51	\$1,259.22
Employee Only Plan	\$0.00	\$0.00	\$145.41	\$50.00	\$61.53	\$157.82
Employee Plus Chid(ren)	\$479.68	\$355.30	\$944.08	\$763.97	\$784.72	\$967.66
<b>Salary Reduction without Combined Fringe</b>	\$479.68	\$355.30	\$1,089.49	\$813.97	\$846.25	\$1,125.48