



Health Insurance Rates Effective July 1, 2022

	Monthly Premium*	Full Time Employee - Your Cost Per Pay Period		Part Time Employee - Your Cost Per Pay Period	
		Licensed Employee & Administrator	Support Employee	Licensed Employee & Administrator	Support Employee
Medical Plans					
Kaiser HMO					
Employee Only	\$ 650.44	\$ 65.04	\$ 32.52	\$ 130.09	\$ 97.57
Employee + 1 Dependent	\$ 1,247.36	\$ 124.74	\$ 62.37	\$ 249.47	\$ 187.10
Family	\$ 1,732.39	\$ 173.24	\$ 86.62	\$ 346.48	\$ 259.86
United Healthcare POS					
Employee Only	\$ 834.16	\$ 83.42	\$ 41.71	\$ 166.83	\$ 125.12
Employee + 1 Dependent	\$ 1,602.02	\$ 160.20	\$ 80.10	\$ 320.40	\$ 240.30
Family	\$ 2,225.81	\$ 222.58	\$ 111.29	\$ 445.16	\$ 333.87
Qualified Health Plan with Health Savings Account					
Employee Only	\$ 750.74	\$ 56.31	\$ 37.54	\$ 131.38	\$ 112.61
Employee + 1 Dependent	\$ 1,441.82	\$ 108.14	\$ 72.09	\$ 252.32	\$ 216.27
Family	\$ 2,003.23	\$ 150.24	\$ 100.16	\$ 350.57	\$ 300.48
Dental Plan - CareFirst					
Employee Only	\$ 44.79	\$ 9.63	\$ 9.63	\$ 12.77	\$ 12.77
Employee + 1 Dependent	\$ 72.97	\$ 15.69	\$ 15.69	\$ 20.80	\$ 20.80
Family	\$ 117.45	\$ 25.25	\$ 25.25	\$ 33.47	\$ 33.47
Vision Plan - EyeMed					
Employee Only	\$ 6.34	\$ 3.17	\$ 3.17	\$ 3.17	\$ 3.17
Employee + 1 Dependent	\$ 12.05	\$ 6.03	\$ 6.03	\$ 6.03	\$ 6.03
Family	\$ 17.70	\$ 8.85	\$ 8.85	\$ 8.85	\$ 8.85

* COBRA Rates

Full time employee regularly working 30 hours or more a week
 Part time employee regularly working 20 to 29 hours a week
 Employee per pay deduction based on 24 pays