

**FHSD GROUP HEALTH PLAN
10.1.2022 TO 9.30.2023
RETIREE PREMIUM CALCULATION FORM**

Monthly Cost

MEDICAL

No Medical Coverage

Base Option

<input type="checkbox"/> Individual Only	\$ 661.00
<input type="checkbox"/> Individual/Spouse	\$ 1,389.00
<input type="checkbox"/> Individual /Child(ren)	\$ 1,190.00
<input type="checkbox"/> Individual/Family	\$ 1,918.00

CDHP Option

<input type="checkbox"/> Individual Only	\$ 602.00
<input type="checkbox"/> Individual/Spouse	\$ 1,265.00
<input type="checkbox"/> Individual /Child(ren)	\$ 1,084.00
<input type="checkbox"/> Individual/Family	\$ 1,746.00

Medical Premium _____

DENTAL

No Dental Coverage

Aetna Dental

<input type="checkbox"/> Individual Only	\$ 38.40
<input type="checkbox"/> Individual/Spouse	\$ 74.11
<input type="checkbox"/> Individual /Child(ren)	\$ 85.77
<input type="checkbox"/> Individual/Family	\$ 119.67

Family Dental Service, Inc.

<input type="checkbox"/> Individual Only	\$ 58.79
<input type="checkbox"/> Individual/Spouse	\$ 99.91
<input type="checkbox"/> Individual /Child(ren)	\$ 120.51
<input type="checkbox"/> Individual/Family	\$ 148.19

Cigna Dental Standard

<input type="checkbox"/> Individual Only	\$ 17.44
<input type="checkbox"/> Individual/Spouse	\$ 31.82
<input type="checkbox"/> Individual /Child(ren)	\$ 37.06
<input type="checkbox"/> Individual/Family	\$ 55.42

Cigna Dental Plus

<input type="checkbox"/> Individual Only	\$ 31.62
<input type="checkbox"/> Individual/Spouse	\$ 57.72
<input type="checkbox"/> Individual /Child(ren)	\$ 67.22
<input type="checkbox"/> Individual/Family	\$ 100.51

Dental Premium _____

VISION

No Vision Coverage

<input type="checkbox"/> Individual Only	\$ 7.92
<input type="checkbox"/> Individual/Spouse	\$ 16.50
<input type="checkbox"/> Individual /Child(ren)	\$ 15.52
<input type="checkbox"/> Individual/Family	\$ 24.11

Vision Premium _____

Total Monthly Premium _____