November 1, 2021

Classified Staff 24 Pay Deductions

HEALTH/DENTAL INSURANCE PREMIUM RATES
Effective for deductions in January2022

HDHP #1

Deductible – Single $2,000 Family $4,000	ANNUAL PREMIUM	EMPLOYER CONTRI-BUTION	ANNUAL EMPLOYEE COST	PER PAY DEDUCTION
Single	$8,430.28	$6,060.07	$2,370.21	$98.76
Employee & Spouse	$19,357.68	$11,250.77	$8,106.91	$337.79
Employee & Child(ren)	$15,233.76	$7,568.70	$7,665.06	$319.38
Family	$24,037.52	$15,751.08	$8,286.44	$345.27
Family, Both Employed Full-time	$24,037.52	$16,101.08	$7,936.44	$330.69

HDHP #2

Deductible – Single $3,000 Family $6,000	ANNUAL PREMIUM	EMPLOYER CONTRI-BUTION	ANNUAL EMPLOYEE COST	PER PAY DEDUCTION
Single	$7,684.28	$6,060.07	$1,624.21	$67.68
Employee & Spouse	$17,640.68	$11,250.77	$6,389.91	$266.25
Employee & Child(ren)	$13,889.76	$7,568.70	$6,321.06	$263.38
Family	$21,947.52	$15,751.08	$6,196.44	$258.19
Family, Both Employed Full-time	$21,947.52	$16,101.08	$5,846.44	$243.60

HDHP #3

Deductible – Single $4,000 Family $8,000	ANNUAL PREMIUM	EMPLOYER CONTRI-BUTION	ANNUAL EMPLOYEE COST	PER PAY DEDUCTION
Single	$7,486.28	$6,060.07	$1,426.21	$59.43
Employee & Spouse	$17,186.68	$11,250.77	$5,935.91	$247.33
Employee & Child(ren)	$13,533.76	$7,568.70	$5,965.06	$248.54
Family	$21,475.52	$15,751.08	$5,724.44	$238.52
Family, Both Employed Full-time	$21,475.52	$16,101.08	$5,374.44	$223.94

HDHP #4

Deductible – Single $5,000 Family $10,000	ANNUAL PREMIUM	EMPLOYER CONTRI-BUTION	ANNUAL EMPLOYEE COST	PER PAY DEDUCTION
Single	$7,066.28	$6,060.07	$1,006.21	$ 41.93
Employee & Spouse	$16,219.68	$11,250.77	$4,968.91	$207.04
Employee & Child(ren)	$12,778.76	$7,568.70	$5,210.06	$217.09
Family	$20,487.52	$15,751.08	$4,736.44	$197.35
Family, Both Employed Full-time	$20,487.52	$16,101.08	$4,386.44	$182.77