JULY 1, 2022 - JUNE 30, 2023 INSURANCE RATES

Annual Salary 🗸	Employee	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)		
Employee Per Pay Premium - Bi-weekly 26 Pay Cycle						
< \$30,000	\$27.71	\$73.52	\$102.85	\$137.23		
\$30,000 - \$34,999	\$30.35	\$80.53	\$112.65	\$150.30		
\$35,000 - \$39,999	\$33.65	\$89.28	\$124.89	\$166.64		
\$40,000 - \$44,999	\$37.60	\$99.78	\$139.58	\$186.24		
\$45,000 - \$49,999	\$41.56	\$110.29	\$154.28	\$205.85		
\$50,000 - \$59,999	\$49.48	\$131.29	\$183.66	\$245.05		
\$60,000 - \$69,999	\$57.40	\$152.30	\$213.05	\$284.27		
\$70,000 - \$89,999	\$65.31	\$173.31	\$242.44	\$323.47		
\$90,000 - \$109,999	\$69.27	\$183.81	\$257.13	\$343.08		
>= \$110,000	\$73.23	\$194.31	\$271.82	\$362.68		
Employee Per Pay Premium - Semi-monthly 24 Pay Cycle						
< \$30,000	\$30.02	\$79.65	\$111.42	\$148.67		
\$30,000 - \$34,999	\$32.88	\$87.24	\$122.03	\$162.83		
\$35,000 - \$39,999	\$36.45	\$96.72	\$135.30	\$180.53		
\$40,000 - \$44,999	\$40.74	\$108.10	\$151.22	\$201.76		
\$45,000 - \$49,999	\$45.03	\$119.48	\$167.14	\$223.00		
\$50,000 - \$59,999	\$53.60	\$142.23	\$198.97	\$265.48		
\$60,000 - \$69,999	\$62.18	\$164.99	\$230.81	\$307.96		
\$70,000 - \$89,999	\$70.76	\$187.75	\$262.64	\$350.43		
\$90,000 - \$109,999	\$75.04	\$199.13	\$278.56	\$371.67		
>= \$110,000	\$79.33	\$210.51	\$294.47	\$392.91		
Employee Per Pay Premium - Non-12 month 17 Pays						
< \$30,000	\$42.38	\$112.45	\$157.30	\$209.88		
\$30,000 - \$34,999	\$46.41	\$123.16	\$172.28	\$229.87		
\$35,000 - \$39,999	\$51.46	\$136.55	\$191.01	\$254.86		
\$40,000 - \$44,999	\$57.51	\$152.61	\$213.48	\$284.84		
\$45,000 - \$49,999	\$63.57	\$168.68	\$235.96	\$314.83		
\$50,000 - \$59,999	\$75.67	\$200.80	\$280.89	\$374.79		
\$60,000 - \$69,999	\$87.78	\$232.93	\$325.84	\$434.76		
\$70,000 - \$89,999	\$99.89	\$265.06	\$370.78	\$494.72		
\$90,000 - \$109,999	\$105.95	\$281.12	\$393.26	\$524.71		
>= \$110,000	\$112.00	\$297.19	\$415.73	\$554.69		

MEDICAL: Meritain Health (An Aetna Company)

Employee Per Pay Premium		Employee (EE)	EE + Spouse or EE + Child	EE + Spouse + Child(ren) or EE + Children
DENTAL United Concordia (Concordia Select) Low Option	Bi-weekly 26 pays	\$9.54	\$19.34	\$31.95
	Semi-monthly 24 pays	\$10.33	\$20.95	\$34.61
	Non-12 month 17 pays	\$14.59	\$29.57	\$48.87
DENTAL United Concordia (Concordia Choice) High Option	Bi-weekly 26 pays	\$10.49	\$22.02	\$41.03
	Semi-monthly 24 pays	\$11.36	\$23.86	\$44.45
	Non-12 month 17 pays	\$16.04	\$33.68	\$62.75
VISION Vision Benefits of America	Bi-weekly 26 pays	\$1.41	\$3.29	\$4.78
	Semi-monthly 24 pays	\$1.53	\$3.56	\$5.18
	Non-12 month 17 pays	\$2.16	\$5.03	\$7.31