Plan	Tier	Monthly	Tenthly		
	Single	\$729.00	\$874.80		
UHC Network 1	Two-Party	\$1,451.00	\$1,741.20		
	Family	\$2,035.00	\$2,442.00		
	Single	\$999.00	\$1,198.80		
UHC Network 2	Two-Party	\$1,979.00	\$2,374.80		
	Family	\$2,780.00	\$3,336.00		
	Single	\$972.00	\$1,166.40		
UMR PPO	Two-Party	\$1,895.00	\$2,274.00		
	Family	\$2,646.00	\$3,175.20		
	Single	\$744.00	\$892.80		
UHC Alliance	Two-Party	\$1,405.00	\$1,686.00		
	Family	\$1,957.00	\$2,348.40		
	Single	\$681.00	\$817.20		
Kaiser	Two-Party	\$1,345.00	\$1,614.00		
	Family	\$1,896.00	\$2,275.20		
IIIIC laurnay	Single	\$647.00	\$776.40		
UHC Journey-	Two-Party	\$1,241.00	\$1,489.20		
Harmony	Family	\$1,727.00	\$2,072.40		
Delta PPO	Supercomposite	\$76.00	\$91.20		
DeltaCare USA	Supercomposite	\$35.60	\$42.72		
Western Dental	Supercomposite	\$30.34	\$36.41		
VSP	Supercomposite	\$8.00	\$9.60		
	Single	\$750.00	\$900.00		
UHC Network 3	Two-Party	\$1,379.00	\$1,654.80		
	Family	\$1,934.00	\$2,320.80		

UHC HMO Network 1 - Single						UHC	HMO Network 1 -	Two-Party	UHC HMO Network 1 - Family			
Split		Single	Employee	Employer		Two-Party	Employee	Employer	Family	Employee	Employer	
	20	\$874.80	\$699.84	\$174.96		\$1,741.20	\$1,392.96	\$348.24	\$2,442.00	\$1,953.60	\$488.40	
	30	\$874.80	\$612.36	\$262.44		\$1,741.20	\$1,218.84	\$522.36	\$2,442.00	\$1,709.40	\$732.60	
	40	\$874.80	\$524.88	\$349.92		\$1,741.20	\$1,044.72	\$696.48	\$2,442.00	\$1,465.20	\$976.80	
	50	\$874.80	\$437.40	\$437.40		\$1,741.20	\$870.60	\$870.60	\$2,442.00	\$1,221.00	\$1,221.00	
	60	\$874.80	\$349.92	\$524.88		\$1,741.20	\$696.48	\$1,044.72	\$2,442.00	\$976.80	\$1,465.20	
	70	\$874.80	\$262.44	\$612.36		\$1,741.20	\$522.36	\$1,218.84	\$2,442.00	\$732.60	\$1,709.40	
	80	\$874.80	\$174.96	\$699.84		\$1,741.20	\$348.24	\$1,392.96	\$2,442.00	\$488.40	\$1,953.60	
	90	\$874.80	\$87.48	\$787.32		\$1,741.20	\$174.12	\$1,567.08	\$2,442.00	\$244.20	\$2,197.80	
		Uŀ	IC HMO Networ	k 2 - Single		UHC	HMO Network 2 -	Two-Party	UI	IC HMO Network	2 - Family	
Split		Single	Employee	Employer		Two-Party	Employee	Employer	Family	Employee	Employer	
	20	\$1,198.80	\$959.04	\$239.76		\$2,374.80	\$1,899.84	\$474.96	\$3,336.00	\$2,668.80	\$667.20	
	30	\$1,198.80	\$839.16	\$359.64		\$2,374.80	\$1,662.36	\$712.44	\$3,336.00	\$2,335.20	\$1,000.80	
	40	\$1,198.80	\$719.28	\$479.52		\$2,374.80	\$1,424.88	\$949.92	\$3,336.00	\$2,001.60	\$1,334.40	
	50	\$1,198.80	\$599.40	\$599.40		\$2,374.80	\$1,187.40	\$1,187.40	\$3,336.00	\$1,668.00	\$1,668.00	
	60	\$1,198.80	\$479.52	\$719.28		\$2,374.80	\$949.92	\$1,424.88	\$3,336.00	\$1,334.40	\$2,001.60	
	70	\$1,198.80	\$359.64	\$839.16		\$2,374.80	\$712.44	\$1,662.36	\$3,336.00	\$1,000.80	\$2,335.20	
	80	\$1,198.80	\$239.76	\$959.04		\$2,374.80	\$474.96	\$1,899.84	\$3,336.00	\$667.20	\$2,668.80	
	90	\$1,198.80	\$119.88	\$1,078.92	-	\$2,374.80	\$237.48	\$2,137.32	\$3,336.00	\$333.60	\$3,002.40	
			UMR PPO - S			UMR PPO - Two-Party			UMR PPO - Family			
Split		Single	Employee	Employer		Two-Party	Employee	Employer	Family	Employee	Employer	
		\$1,166.40	\$933.12	\$233.28		\$2,274.00	\$1,819.20	\$454.80	\$3,175.2		\$635.04	
		\$1,166.40	\$816.48	\$349.92		\$2,274.00	\$1,591.80	\$682.20	\$3,175.2		\$952.56	
		\$1,166.40	\$699.84	\$466.56		\$2,274.00	\$1,364.40	\$909.60	\$3,175.2		\$1,270.08	
		\$1,166.40	\$583.20	\$583.20		\$2,274.00	\$1,137.00	\$1,137.00	\$3,175.2	· ·	\$1,587.60	
		\$1,166.40	\$466.56	\$699.84		\$2,274.00	\$909.60	\$1,364.40	\$3,175.2		\$1,905.12	
		\$1,166.40	\$349.92	\$816.48		\$2,274.00	\$682.20	\$1,591.80	\$3,175.2		\$2,222.64	
		\$1,166.40	\$233.28	\$933.12		\$2,274.00	\$454.80	\$1,819.20	\$3,175.2		\$2,540.16	
	90	\$1,166.40	\$116.64	\$1,049.76	L	\$2,274.00	\$227.40	\$2,046.60	\$3,175.2	0 \$317.52	\$2,857.68	

				1	1	Snare Medical Rate	1			Attach	
	UHC Alliance - Single					UHC Alliance - Two	p-Party	UHC Alliance - Family			
Split	Single	Employee	Employer		Two-Party	Employee	Employer	Family	Employee	Employer	
20	\$892.80	\$714.24	\$178.56		\$1,686.00	\$1,348.80	\$337.20	\$2,348.40	\$1,878.72	\$469.68	
30	\$892.80	\$624.96	\$267.84		\$1,686.00	\$1,180.20	\$505.80	\$2,348.40	\$1,643.88	\$704.52	
40	\$892.80	\$535.68	\$357.12		\$1,686.00	\$1,011.60	\$674.40	\$2,348.40	\$1,409.04	\$939.36	
50	\$892.80	\$446.40	\$446.40		\$1,686.00	\$843.00	\$843.00	\$2,348.40	\$1,174.20	\$1,174.20	
60	\$892.80	\$357.12	\$535.68		\$1,686.00	\$674.40	\$1,011.60	\$2,348.40	\$939.36	\$1,409.04	
70	\$892.80	\$267.84	\$624.96		\$1,686.00	\$505.80	\$1,180.20	\$2,348.40	\$704.52	\$1,643.88	
80	\$892.80	\$178.56	\$714.24		\$1,686.00	\$337.20	\$1,348.80	\$2,348.40	\$469.68	\$1,878.72	
90	\$892.80	\$89.28	\$803.52		\$1,686.00	\$168.60	\$1,517.40	\$2,348.40	\$234.84	\$2,113.56	
		Kaiser - Sir	ngle			Kaiser - Two-Pa	arty	Kaiser - Family			
plit	Single	Employee	Employer		Two-Party	Employee	Employer	Family	Employee	Employer	
20	-	\$653.76	\$163.44		\$1,614.00	\$1,291.20	\$322.80	\$2,275.20	\$1,820.16	\$455.04	
30		\$572.04	\$245.16		\$1,614.00	\$1,129.80	\$484.20	\$2,275.20	\$1,592.64	\$682.56	
40	\$817.20	\$490.32	\$326.88		\$1,614.00	\$968.40	\$645.60	\$2,275.20	\$1,365.12	\$910.08	
50	•	\$408.60	\$408.60		\$1,614.00	\$807.00	\$807.00	\$2,275.20	\$1,137.60	\$1,137.60	
60	\$817.20	\$326.88	\$490.32		\$1,614.00	\$645.60	\$968.40	\$2,275.20	\$910.08	\$1,365.12	
70	\$817.20	\$245.16	\$572.04		\$1,614.00	\$484.20	\$1,129.80	\$2,275.20	\$682.56	\$1,592.64	
80	\$817.20	\$163.44	\$653.76		\$1,614.00	\$322.80	\$1,291.20	\$2,275.20	\$455.04	\$1,820.16	
90	\$817.20	\$81.72	\$735.48		\$1,614.00	\$161.40	\$1,452.60	\$2,275.20	\$227.52	\$2,047.68	
		10.1	ci l		11110		T . D. J	11116	• • • • • • • • • • • • • • • • • • • •		
Cali.		IC Journey Harm				Journey Harmony	•	l 	Journey Harmon		
Split 20	Single	Employee	Employer	+	Two-Party	Employee	Employer \$297.84	Family	Employee	Employer	
30		\$621.12 \$543.48	\$155.28 \$232.92	H	\$1,489.20 \$1,489.20	\$1,191.36 \$1,042.44	\$446.76	\$2,072.40	\$1,657.92 \$1,450.68	\$414.48 \$621.72	
40	-	\$465.84	\$310.56	H	\$1,489.20	\$1,042.44	\$595.68	\$2,072.40	\$1,450.68	\$828.96	
50		\$388.20	\$388.20	-	\$1,489.20	\$744.60	\$744.60	\$2,072.40	\$1,036.20	\$1,036.20	
60		\$310.56	\$465.84	-	\$1,489.20	\$595.68	\$893.52	\$2,072.40	\$828.96		
70	-		-	H	\$1,489.20	\$446.76				\$1,243.44	
80		\$232.92 \$155.28	\$543.48 \$621.12	-	\$1,489.20	\$297.84	\$1,042.44 \$1,191.36	\$2,072.40	\$621.72 \$414.48	\$1,450.68 \$1,657.92	
90				H	\$1,489.20		\$1,340.28				
90	۶//۵.40	\$77.64	\$698.76		\$1,489.20	\$148.92	\$1,5 4 0.28	\$2,072.40	\$207.24	\$1,865.16	

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UHC HMO Network 3 - Single					UHC	HMO Network 3 -	· Two-Party	UHC HMO Network 3 - Family			
plit	Single	Employee	Employer		Two-Party	Employee	Employer	Family	Employee	Employer	
20	\$900.00	\$720.00	\$180.00		\$1,654.80	\$1,323.84	\$330.96	\$2,320.80	\$1,856.64	\$464.16	
30	\$900.00	\$630.00	\$270.00		\$1,654.80	\$1,158.36	\$496.44	\$2,320.80	\$1,624.56	\$696.24	
40	\$900.00	\$540.00	\$360.00		\$1,654.80	\$992.88	\$661.92	\$2,320.80	\$1,392.48	\$928.32	
50	\$900.00	\$450.00	\$450.00		\$1,654.80	\$827.40	\$827.40	\$2,320.80	\$1,160.40	\$1,160.40	
60	\$900.00	\$360.00	\$540.00		\$1,654.80	\$661.92	\$992.88	\$2,320.80	\$928.32	\$1,392.48	
70	\$900.00	\$270.00	\$630.00		\$1,654.80	\$496.44	\$1,158.36	\$2,320.80	\$696.24	\$1,624.56	
80	\$900.00	\$180.00	\$720.00		\$1,654.80	\$330.96	\$1,323.84	\$2,320.80	\$464.16	\$1,856.64	
90	\$900.00	\$90.00	\$810.00		\$1,654.80	\$165.48	\$1,489.32	\$2,320.80	\$232.08	\$2,088.72	

Job Share - Benefit Rates - Plan Year 2022_FINAL Job Shr Splt - Dent and Vision

	Delta Dental PPO					DeltaCar	e USA	Western Dental				
Split	Rate	Employee	Employer		Rate	Employee	Employer	Rate	Employee	Employer		
20	\$91.20	\$72.96	\$18.24		\$42.72	\$34.18	\$8.54	\$36.41	\$29.13	\$7.28		
30	\$91.20	\$63.84	\$27.36		\$42.72	\$29.90	\$12.82	\$36.41	\$25.49	\$10.92		
40	\$91.20	\$54.72	\$36.48		\$42.72	\$25.63	\$17.09	\$36.41	\$21.84	\$14.56		
50	\$91.20	\$45.60	\$45.60		\$42.72	\$21.36	\$21.36	\$36.41	\$18.20	\$18.21		
60	\$91.20	\$36.48	\$54.72		\$42.72	\$17.09	\$25.63	\$36.41	\$14.56	\$21.84		
70	\$91.20	\$27.36	\$63.84		\$42.72	\$12.82	\$29.90	\$36.41	\$10.92	\$25.49		
80	\$91.20	\$18.24	\$72.96		\$42.72	\$8.54	\$34.18	\$36.41	\$7.28	\$29.13		
90	\$91.20	\$9.12	\$82.08		\$42.72	\$4.27	\$38.45	\$36.41	\$3.64	\$32.77		
		VSP										
Split	Rate	Employee	Employer									
20	\$9.60	\$7.68	\$1.92									
30	\$9.60	\$6.72	\$2.88									
40	\$9.60	\$5.76	\$3.84									
50	\$9.60	\$4.80	\$4.80									
60	\$9.60	\$3.84	\$5.76									
70	\$9.60	\$2.88	\$6.72									
80	\$9.60	\$1.92	\$7.68									
90	\$9.60	\$0.96	\$8.64									