

2022 Monthly Medical, Dental, and Vision Premiums  
Before \$10 or \$30 Monthly Wellness Medical Premium Reduction

Plan and Coverage Level	Full Time 30-40 hours per week		Part-Time 20-29 hours per week	
	County Share	Employee Share	County Share	Employee Share
<b>Medical-Consumer Choice Option</b>				
Employee	\$692.70	\$48.23	\$560.38	\$180.55
EE+ Spouse/Partner	\$1,248.07	\$230.95	\$1,066.71	\$412.31
EE+ Child(ren)	\$1,130.67	\$198.22	\$975.10	\$353.79
EE + Family	\$1,682.94	\$382.41	\$1,478.46	\$586.89
<b>Medical-Hybrid Option</b>				
Employee	\$691.96	\$85.73	\$454.53	\$323.16
EE+ Spouse/Partner	\$1,149.30	\$403.12	\$833.04	\$719.38
EE+ Child(ren)	\$1,049.25	\$345.72	\$779.06	\$615.91
EE + Family	\$1,503.29	\$664.84	\$1,149.61	\$1,018.52
<b>Dental</b>				
Employee	\$41.59	\$3.78	\$22.68	\$22.69
EE+ Spouse/Partner	\$45.36	\$45.37	\$34.48	\$56.25
EE+ Child(ren)	\$40.82	\$40.83	\$0.00	\$81.65
EE + Family	\$63.51	\$63.52	\$0.00	\$127.03
<b>Vision</b>				
Employee	\$2.30	\$2.31	\$1.38	\$3.23
EE+ Spouse/Partner	\$4.59	\$4.60	\$3.68	\$5.51
EE+ Child(ren)	\$4.92	\$4.93	\$3.94	\$5.91
EE + Family	\$7.85	\$7.86	\$7.85	\$7.86