



total rewards

2022 vs. 2021 PREMIUM SHARE RATES

WITH Wellness Reward Incentive

| | Employee Cost per Month | | Change |
|--|-------------------------|-----------|----------|
| | 2022 | 2021 | |
| Aetna Deductible Plan | | | |
| Employee Only | \$ 60.06 | \$ 56.88 | \$ 3.18 |
| Employee & Spouse/Partner | \$ 288.96 | \$ 273.62 | \$ 15.34 |
| Employee & Child(ren) | \$ 255.40 | \$ 241.84 | \$ 13.56 |
| Couple & Child(ren) | \$ 398.40 | \$ 377.26 | \$ 21.14 |
| Aetna High Deductible Health Plan | | | |
| Employee Only | \$ 14.92 | \$ 14.12 | \$ 0.80 |
| Employee & Spouse/Partner | \$ 103.24 | \$ 97.76 | \$ 5.48 |
| Employee & Child(ren) | \$ 91.22 | \$ 86.38 | \$ 4.84 |
| Couple & Child(ren) | \$ 142.32 | \$ 134.76 | \$ 7.56 |
| Kaiser Permanente HMO | | | |
| Employee Only | \$ 44.14 | \$ 41.30 | \$ 2.84 |
| Employee & Spouse/Partner | \$ 213.18 | \$ 199.38 | \$ 13.80 |
| Employee & Child(ren) | \$ 199.44 | \$ 186.52 | \$ 12.92 |
| Couple & Child(ren) | \$ 306.78 | \$ 286.84 | \$ 19.94 |

WITHOUT Wellness Reward Incentive

| | Employee Cost per Month | | |
|--|-------------------------|-----------|----------|
| | 2022 | 2021 | Change |
| Aetna Deductible Plan | | | |
| Employee Only | \$ 145.84 | \$ 138.10 | \$ 7.74 |
| Employee & Spouse/Partner | \$ 458.92 | \$ 434.58 | \$ 24.34 |
| Employee & Child(ren) | \$ 405.62 | \$ 384.10 | \$ 21.52 |
| Couple & Child(ren) | \$ 622.04 | \$ 589.02 | \$ 33.02 |
| Aetna High Deductible Health Plan | | | |
| Employee Only | \$ 14.92 | \$ 14.12 | \$ 0.80 |
| Employee & Spouse/Partner | \$ 103.24 | \$ 97.76 | \$ 5.48 |
| Employee & Child(ren) | \$ 91.22 | \$ 86.38 | \$ 4.84 |
| Couple & Child(ren) | \$ 142.32 | \$ 134.76 | \$ 7.56 |
| Kaiser Permanente HMO | | | |
| Employee Only | \$ 107.18 | \$ 100.30 | \$ 6.88 |
| Employee & Spouse/Partner | \$ 338.58 | \$ 316.66 | \$ 21.92 |
| Employee & Child(ren) | \$ 316.74 | \$ 296.24 | \$ 20.50 |
| Couple & Child(ren) | \$ 487.22 | \$ 455.56 | \$ 31.66 |

Dental and Vision Insurance

| | Employee Cost per Month | | Change |
|---------------------------------------|-------------------------|----------|---------|
| | 2022 | 2021 | |
| Delta Dental Legacy & Core | | | |
| Employee Only | \$ 1.92 | \$ 1.88 | \$ 0.04 |
| Employee & Spouse/Partner | \$ 13.96 | \$ 13.78 | \$ 0.18 |
| Employee & Child(ren) | \$ 11.88 | \$ 11.72 | \$ 0.16 |
| Couple & Child(ren) | \$ 19.20 | \$ 18.96 | \$ 0.24 |
| Delta Dental Enhanced | | | |
| Employee Only | \$ 24.26 | \$ 21.40 | \$ 2.86 |
| Employee & Spouse/Partner | \$ 58.64 | \$ 52.82 | \$ 5.82 |
| Employee & Child(ren) | \$ 49.86 | \$ 44.92 | \$ 4.94 |
| Couple & Child(ren) | \$ 80.66 | \$ 72.66 | \$ 8.00 |
| VSP Vision Core | | | |
| Employee Only | \$ 1.10 | \$ 1.10 | \$ 0.00 |
| Employee & Spouse/Partner | \$ 2.12 | \$ 2.12 | \$ 0.00 |
| Employee & Child(ren) | \$ 2.26 | \$ 2.26 | \$ 0.00 |
| Couple & Child(ren) | \$ 3.56 | \$ 3.56 | \$ 0.00 |
| VSP Vision Enhanced | | | |
| Employee Only | \$ 5.40 | \$ 5.40 | \$ 0.00 |
| Employee & Spouse/Partner | \$ 10.76 | \$ 10.75 | \$ 0.01 |
| Employee & Child(ren) | \$ 11.50 | \$ 11.50 | \$ 0.00 |
| Couple & Child(ren) | \$ 18.30 | \$ 18.30 | \$ 0.00 |