



total rewards

2022 MEDICAL/DENTAL/VISION PREMIUM SHARE RATES

WITH Wellness Reward Incentive

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Aetna Deductible Plan					
Employee Only	\$ 60.06	\$ 30.03	\$ 797.83	\$ 398.92	\$ 857.89
Employee & Spouse/Partner	\$ 288.96	\$ 144.48	\$ 1,410.75	\$ 705.38	\$ 1,699.71
Employee & Child(ren)	\$ 255.40	\$ 127.70	\$ 1,246.88	\$ 623.44	\$ 1,502.28
Couple & Child(ren)	\$ 398.40	\$ 199.20	\$ 1,945.15	\$ 972.58	\$ 2,343.55
Aetna High Deductible Health Plan*					
Employee Only	\$ 14.92	\$ 7.46	\$ 730.55	\$ 365.28	\$ 745.47
Employee & Spouse/Partner	\$ 103.24	\$ 51.62	\$ 1,371.60	\$ 685.80	\$ 1,474.84
Employee & Child(ren)	\$ 91.22	\$ 45.61	\$ 1,211.90	\$ 605.95	\$ 1,303.12
Couple & Child(ren)	\$ 142.32	\$ 71.16	\$ 1,890.52	\$ 945.26	\$ 2,032.84
Kaiser Permanente Plan					
Employee Only	\$ 44.14	\$ 22.07	\$ 586.29	\$ 293.15	\$ 630.43
Employee & Spouse/Partner	\$ 213.18	\$ 106.59	\$ 1,040.81	\$ 520.41	\$ 1,253.99
Employee & Child(ren)	\$ 199.44	\$ 99.72	\$ 973.67	\$ 486.84	\$ 1,173.11
Couple & Child(ren)	\$ 306.78	\$ 153.39	\$ 1,497.74	\$ 748.87	\$ 1,804.52

* HDHP members who complete the annual Wellness Program receive a \$500 (employee only coverage) or \$1,000 (employee & family coverage) HSA contribution.

WITHOUT Wellness Reward Incentive

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Aetna Deductible Plan					
Employee Only	\$ 145.84	\$ 72.92	\$ 712.05	\$ 356.03	\$ 857.89
Employee & Spouse/Partner	\$ 458.92	\$ 229.46	\$ 1,240.79	\$ 620.40	\$ 1,699.71
Employee & Child(ren)	\$ 405.62	\$ 202.81	\$ 1,096.66	\$ 548.33	\$ 1,502.28
Couple & Child(ren)	\$ 622.04	\$ 311.02	\$ 1,721.51	\$ 860.76	\$ 2,343.55
Aetna High Deductible Health Plan					
Employee Only	\$ 14.92	\$ 7.46	\$ 730.55	\$ 365.28	\$ 745.47
Employee & Spouse/Partner	\$ 103.24	\$ 51.62	\$ 1,371.60	\$ 685.80	\$ 1,474.84
Employee & Child(ren)	\$ 91.22	\$ 45.61	\$ 1,211.90	\$ 605.95	\$ 1,303.12
Couple & Child(ren)	\$ 142.32	\$ 71.16	\$ 1,890.52	\$ 945.26	\$ 2,032.84
Kaiser Permanente Plan					
Employee Only	\$ 107.18	\$ 53.59	\$ 523.25	\$ 261.63	\$ 630.43
Employee & Spouse/Partner	\$ 338.58	\$ 169.29	\$ 915.41	\$ 457.71	\$ 1,253.99
Employee & Child(ren)	\$ 316.74	\$ 158.37	\$ 856.37	\$ 428.19	\$ 1,173.11
Couple & Child(ren)	\$ 487.22	\$ 243.61	\$ 1,317.30	\$ 658.65	\$ 1,804.52

Dental Insurance

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Delta Dental WA Legacy					
Employee Only	\$ 1.92	\$ 0.96	\$ 61.62	\$ 30.81	\$ 63.54
Employee & Spouse/Partner	\$ 13.96	\$ 6.98	\$ 113.10	\$ 56.55	\$ 127.06
Employee & Child(ren)	\$ 11.88	\$ 5.94	\$ 96.13	\$ 48.07	\$ 108.01
Couple & Child(ren)	\$ 19.20	\$ 9.60	\$ 155.52	\$ 77.76	\$ 174.72
Delta Dental WA Core					
Employee Only	\$ 1.92	\$ 0.96	\$ 61.62	\$ 30.81	\$ 63.54
Employee & Spouse/Partner	\$ 13.96	\$ 6.98	\$ 113.10	\$ 56.55	\$ 127.06
Employee & Child(ren)	\$ 11.88	\$ 5.94	\$ 96.13	\$ 48.07	\$ 108.01
Couple & Child(ren)	\$ 19.20	\$ 9.60	\$ 155.52	\$ 77.76	\$ 174.72
Delta Dental WA Enhanced					
Employee Only	\$ 24.26	\$ 12.13	\$ 61.62	\$ 30.81	\$ 85.88
Employee & Spouse/Partner	\$ 58.64	\$ 29.32	\$ 113.11	\$ 56.56	\$ 171.75
Employee & Child(ren)	\$ 49.86	\$ 24.93	\$ 96.14	\$ 48.07	\$ 146.00
Couple & Child(ren)	\$ 80.66	\$ 40.33	\$ 155.52	\$ 77.76	\$ 236.18

Vision Insurance

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
VSP Core					
Employee Only	\$ 1.10	\$ 0.55	\$ 6.24	\$ 3.12	\$ 7.34
Employee & Spouse/Partner	\$ 2.12	\$ 1.06	\$ 11.98	\$ 5.99	\$ 14.10
Employee & Child(ren)	\$ 2.26	\$ 1.13	\$ 12.78	\$ 6.39	\$ 15.04
Couple & Child(ren)	\$ 3.56	\$ 1.78	\$ 20.15	\$ 10.08	\$ 23.71
VSP Enhanced					
Employee Only	\$ 5.40	\$ 2.70	\$ 6.24	\$ 3.12	\$ 11.64
Employee & Spouse/Partner	\$ 10.76	\$ 5.38	\$ 11.98	\$ 5.99	\$ 22.74
Employee & Child(ren)	\$ 11.50	\$ 5.75	\$ 12.78	\$ 6.39	\$ 24.28
Couple & Child(ren)	\$ 18.30	\$ 9.15	\$ 20.15	\$ 10.08	\$ 38.45