

Proposed Monthly Premium Rates

Provider	Coverage Option	CY 2021	CY 2022	%Change	Est # of Employees (1/1/22)
Blue Cross (PPO)	Single	\$1,404.51	\$1,287.95	-8.30%	256
	Couple	\$2,827.25	\$2,592.61	-8.30%	262
	Family	\$3,792.14	\$3,477.42	-8.30%	307
Blue Cross (HMO)	Single	\$775.57	\$825.58	6.45%	91
	Couple	\$1,628.68	\$1,733.69	6.45%	80
	Family	\$2,326.53	\$2,476.52	6.45%	163
Kaiser (HMO)	Single	\$621.38	\$680.53	9.52%	438
	Couple	\$1,242.75	\$1,361.06	9.52%	284
	Family	\$1,758.49	\$1,925.90	9.52%	493
Delta Dental (PPO)	Single	\$54.60	\$54.60	2.97%	511
	Couple	\$94.89	\$94.89	2.97%	564
	Family	\$142.58	\$142.58	2.97%	766
DeltaCare (DHMO)	Single	\$20.21	\$20.21	0.00%	87
	Couple	\$36.71	\$36.71	0.00%	64
	Family	\$54.32	\$54.32	0.00%	113
Dental Health Services (DHMO)	Single	\$16.82	\$16.82	0.00%	72
	Couple	\$32.60	\$32.60	0.00%	42
	Family	\$49.15	\$49.15	0.00%	101
Vision Service Plan	Single	\$9.99	\$9.99	0.00%	277
	Couple	\$14.45	\$14.45	0.00%	282
	Family	\$25.90	\$25.90	0.00%	465
Voluntary Waiver of Coverage:*					
Medical		\$252.00			114
Dental		\$36.00			93

* Waiver of Medical coverage requires proof of alternative coverage.