

Salaried Employee Contributions Plan Year 2022: January 1, 2022 - December 31, 2022

MEDICAL/RX PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	\$124.27	\$256.52	\$235.46	\$360.47
Preferred	\$47.40	\$106.64	\$97.89	\$149.84
Economy	\$9.41	\$32.58	\$29.88	\$45.78

DENTAL PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	\$0.00	\$7.77	\$15.13	\$23.15
Low Option	\$0.00	\$4.91	\$10.02	\$15.25

VISION RATES (BI-WEEKLY)

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$1.81	\$3.44	\$3.62	\$5.33