

Benefits Contribution Rate Summary Sheet

Calendar Year 2022



Below are the calendar year rates for your benefit options based on deductions over 19 pay periods. Refer to the detailed plan information to determine which plan is right for you.

MEDICAL, VISION & DENTAL RATES FOR 9-MONTH DEDUCTIONS

----- PER PAY PERIOD EMPLOYEE CONTRIBUTION -----

| PLAN | LEVEL OF COVERAGE | FT | FT | FT | FT | PT |
|------------------------------|---------------------|---|---|---|---|---|
| | | SALARY LEVEL 1 NONEXEMPT (19 Deductions) | SALARY LEVEL 2 NONEXEMPT (19 Deductions) | SALARY LEVEL 3 NONEXEMPT (19 Deductions) | SALARY LEVEL 4 NONEXEMPT (19 Deductions) | All Salaries NONEXEMPT (19 Deductions) |
| Blue Point2 POS A | • Individual | \$101.30 | \$150.06 | \$175.52 | \$200.51 | \$225.47 |
| | • 2 Person | \$241.37 | \$326.56 | \$369.19 | \$415.75 | \$496.19 |
| | • Family | \$306.66 | \$459.85 | \$513.24 | \$572.01 | \$637.36 |
| | • One Parent Family | \$278.41 | \$380.18 | \$428.76 | \$481.22 | \$547.63 |
| Blue Point2 POS B | • Individual | \$78.50 | \$118.00 | \$139.43 | \$160.50 | \$194.39 |
| | • 2 Person | \$182.49 | \$253.48 | \$288.03 | \$326.38 | \$425.42 |
| | • Family | \$252.07 | \$367.05 | \$410.64 | \$459.38 | \$549.47 |
| | • One Parent Family | \$197.99 | \$266.03 | \$299.02 | \$338.75 | \$444.52 |
| Blue Point2 POS B No Drug | • Individual | \$4.50 | \$29.15 | \$43.05 | \$56.39 | \$101.61 |
| | • 2 Person | \$45.59 | \$69.45 | \$88.26 | \$110.51 | \$233.23 |
| | • Family | \$99.39 | \$139.50 | \$169.04 | \$198.21 | \$312.31 |
| | • One Parent Family | \$48.73 | \$79.29 | \$98.60 | \$122.37 | \$256.96 |
| Blue Point2 POS D | • Individual | \$5.05 | \$33.74 | \$47.44 | \$60.63 | \$65.05 |
| | • 2 Person | \$55.38 | \$79.72 | \$98.53 | \$120.69 | \$250.76 |
| | • Family | \$108.93 | \$149.17 | \$178.47 | \$207.47 | \$331.94 |
| | • One Parent Family | \$59.45 | \$90.36 | \$109.72 | \$133.41 | \$273.07 |
| Vision Care Plan | • Individual | \$6.09 | \$6.09 | \$6.09 | \$6.09 | \$6.09 |
| | • 2 Person | \$12.16 | \$12.16 | \$12.16 | \$12.16 | \$12.16 |
| | • Family | \$19.59 | \$19.59 | \$19.59 | \$19.59 | \$19.59 |
| Dental Plan-Standard | • Individual | \$6.45 | \$6.45 | \$6.45 | \$6.45 | \$9.80 |
| | • 2 Person | \$15.08 | \$15.08 | \$15.08 | \$15.08 | \$22.91 |
| | • Family | \$22.96 | \$22.96 | \$22.96 | \$22.96 | \$34.88 |
| Dental Plan-Enhanced | • Individual | \$11.98 | \$11.98 | \$11.98 | \$11.98 | \$15.33 |
| | • 2 Person | \$28.88 | \$28.88 | \$28.88 | \$28.88 | \$36.71 |
| | • Family | \$44.25 | \$44.25 | \$44.25 | \$44.25 | \$56.17 |

* Salary as of 1/1/22 or hire date, if later

- Level 1 Salary < \$45,000
- Level 2 Salary = \$45,000-\$94,999
- Level 3 Salary = \$95,000-\$141,999
- Level 4 Salary >=\$142,000