



**EMPLOYEE MONTHLY HEALTH RATES\***  
**JANUARY 1, 2023**

<u>AETNA</u>	<u>EMPLOYEE PAYS</u>
<u>PREMIER HMO</u>	
Employee Only	\$ 0.00
+ One Dependent	752.82
+ Family (2 or more Dependents)	1,322.54
<u>PREMIER PLUS HMO</u>	
Employee Only	\$ 0.00
+ One Dependent	857.58
+ Family (2 or more Dependents)	1,507.44
<u>PREMIER CHOICE HSA</u>	
Employee Only	\$ 0.00
+ One Dependent	523.82
+ Family (2 or more Dependents)	1,009.48

AETNA KIDS' PLANS			
<u>BASIC PLAN (AGES 5 – 26)</u>		<u>ENHANCED PLAN (AGES 5 – 26)</u>	
One Child	\$ 357.18	One Child	\$ 598.08
Two Children	714.38	Two Children	1,196.22
Three or more Children	1,071.56	Three or more Children	1,794.30

**\*Bi-Weekly paycheck deduction will vary based on payroll calendar.**



**EMPLOYEE MONTHLY DENTAL/VISION RATES\***  
**JANUARY 1, 2023**

DENTAL	<u>AETNA</u>	COMPBENEFITS <u>(HUMANA)</u>
<b><u>BASIC DHMO PLAN</u></b>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	6.28	5.36
+ Family (2 or more Dependents)	13.02	9.70
<b><u>ENHANCED DHMO PLAN</u></b>		
Employee Only	\$ 0.16	\$ 0.00
+ One Dependent	8.88	7.38
+ Family (2 or more Dependents)	16.56	13.04
<b><u>BASIC PPO PLAN</u></b>		
Employee Only	\$ 21.20	\$ 20.62
+ One Dependent	50.24	46.06
+ Family (2 or more Dependents)	82.02	74.26
<b><u>ENHANCED PPO PLAN</u></b>		
Employee Only	\$ 30.74	\$ 26.48
+ One Dependent	71.14	60.62
+ Family (2 or more Dependents)	123.90	100.92

VISION	<u>AETNA</u>	COMPBENEFITS <u>(HUMANA)</u>
<b><u>BASIC PLAN</u></b>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	4.02	4.30
+ Family (2 or more Dependents)	9.30	9.52
<b><u>ENHANCED PLAN</u></b>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	6.94	6.46
+ Family (2 or more Dependents)	16.02	14.32

**\*Bi-Weekly paycheck deduction will vary based on payroll calendar.**