

2022-23 BI-WEEKLY PREMIUM RATE TABLE

Rates Effective July 16, 2022 | Coverage Effective July 30, 2022

| Plan | Coverage Type | 2022-2023 Published Bi-Weekly Rates | 2021-2022 Published Bi-Weekly Rates | Dollar Change | Percentage (%) Change |
|--------------------------------------|---------------|---|---|------------------|--------------------------|
| Kaiser HMO | Employee Only | \$322.30 | \$322.30 | \$0.00 | 0.00% |
| | Employee + 1 | \$642.59 | \$642.59 | \$0.00 | 0.00% |
| | Employee + 2 | \$908.42 | \$908.42 | \$0.00 | 0.00% |
| Kaiser Choice HMO | Employee Only | \$279.89 | \$279.89 | \$0.00 | 0.00% |
| | Employee + 1 | \$557.77 | \$557.77 | \$0.00 | 0.00% |
| | Employee + 2 | \$788.43 | \$788.43 | \$0.00 | 0.00% |
| Blue Shield Signature HMO | Employee Only | \$309.84 | \$291.01 | \$18.83 | 6.47% |
| | Employee + 1 | \$617.72 | \$580.03 | \$37.69 | 6.50% |
| | Employee + 2 | \$873.23 | \$819.90 | \$53.33 | 6.50% |
| Blue Shield Access+ HMO | Employee Only | \$269.17 | \$252.82 | \$16.35 | 6.47% |
| | Employee + 1 | \$536.37 | \$503.65 | \$32.72 | 6.50% |
| | Employee + 2 | \$758.13 | \$711.83 | \$46.30 | 6.50% |
| Blue Shield PPO | Employee Only | \$575.66 | \$540.54 | \$35.12 | 6.50% |
| | Employee + 1 | \$1,171.11 | \$1,099.54 | \$71.57 | 6.51% |
| | Employee + 2 | \$1,816.63 | \$1,705.53 | \$111.10 | 6.51% |
| Blue Shield Needles PPO** | Employee Only | \$649.74 | \$610.07 | \$39.67 | 6.50% |
| | Employee + 1 | \$1,321.35 | \$1,240.57 | \$80.78 | 6.51% |
| | Employee + 2 | \$2,046.36 | \$1,921.19 | \$125.17 | 6.52% |
| Blue Shield PPO Bronze Plan | Employee Only | \$166.64 | \$156.56 | \$10.08 | 6.44% |
| | Employee + 1 | \$331.26 | \$311.10 | \$20.16 | 6.48% |
| | Employee + 2 | \$467.89 | \$439.37 | \$28.52 | 6.49% |
| DeltaCare USA DHMO | Employee Only | \$9.88 | \$9.88 | \$0.00 | 0.00% |
| | Employee + 1 | \$15.94 | \$15.94 | \$0.00 | 0.00% |
| | Employee + 2 | \$20.77 | \$20.77 | \$0.00 | 0.00% |
| Delta Dental PPO | Employee Only | \$23.19 | \$25.09 | (\$1.90) | -7.57% |
| | Employee + 1 | \$43.16 | \$46.80 | (\$3.64) | -7.78% |
| | Employee + 2 | \$73.80 | \$80.11 | (\$6.31) | -7.88% |

**For employees assigned to work in the Needles, Trona, and Baker work locations, the County has established a "Needles subsidy." The Needles subsidy is paid by the employee's department and is equal to the amount of the premium difference between the indemnity (i.e. PPO) health plan offered in these specific work locations and the lowest cost health plan provided by the County.

Benefits Calculator Available Online

The benefits calculator can help you determine how much bi-weekly out-of-pocket expense you will have for the selected benefits of your choice. To access the benefits calculator online visit the Employee Benefits web page at hr.sbcounty.gov/benefits-calculator

Your benefits are an important part of your total compensation package.