

Medical - Dental -Vision Plans Bi-Weekly Contribution Rates

Effective January 01, 2022 through December 31, 2022

Plan Tier Type	Silver PPO Plan	Copper PPO Plan	CDHP with Optional HSA Plan	Charter HMO	Vision Plan
Employee < \$11.50	\$116.38	\$68.41	\$61.41	\$110.82	\$1.95
Employee > \$11.50	\$116.38	\$80.95	\$63.04	\$110.82	\$1.95
Employee + Spouse	\$404.59	\$304.80	\$262.37	\$379.14	\$3.06
Employee + Child(ren)	\$367.81	\$277.09	\$243.63	\$352.40	\$3.12
Family	\$605.55	\$465.57	\$393.55	\$576.00	\$4.93

Dental Plans - Bi-Weekly Contributions Rate			
	DHMO 4000	PPO 1	PPO 2
Employee	\$5.37	\$11.95	\$11.65
Family	\$14.78	\$37.64	\$34.63