

OPEN ENROLLMENT

APRIL 11 –
MAY 6, 2022



Medical Premiums

Combined Medical, Prescription, Behavioral Health
Full-Time Employee Premium Per Pay Period

PLAN	TIER	PREMIUM AMOUNT		
		Current Per Month	Current Per Paycheck (Semi-monthly) (24)	Future Per Paycheck (Bi-weekly) (26)
Cigna High Deductible Health Plan	EE	69.02	34.51	31.86
	EE + Spouse	95.10	47.55	43.89
	EE + Child(ren)	83.34	41.67	38.46
	EE + Family	130.08	65.04	60.04
Cigna HMO	EE	86.80	43.40	40.06
	EE + Spouse	177.66	88.83	82.00
	EE + Child(ren)	138.96	69.48	64.14
	EE + Family	247.56	123.78	114.26

Your benefits.
Your choice.

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Full-Time Employee Premium Per Pay Period

PLAN	TIER	PREMIUM AMOUNT		
		Current Per Month	Current Per Paycheck (Semi-monthly) (24)	Future Per Paycheck (Bi-weekly) (26)
UHC High Deductible Health Plan	EE	69.02	34.51	31.86
	EE + Spouse	95.10	47.55	43.89
	EE + Child(ren)	83.34	41.67	38.46
	EE + Family	130.08	65.04	60.04
UHC PPO	EE	113.72	56.86	52.49
	EE + Spouse	260.98	130.49	120.45
	EE + Child(ren)	214.52	107.26	99.01
	EE + Family	367.28	183.64	169.51

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Medical Premiums

Combined Medical, Prescription, Behavioral Health
Part-time Employee Premium Per Pay Period

PLAN	TIER	PREMIUM AMOUNT		
		Current Per Month	Current Per Paycheck (Semi-monthly) (24)	Future Per Paycheck (Bi-weekly) (26)
Cigna HMO	EE	445.88	222.94	205.79
	EE + Spouse	874.68	437.34	403.70
	EE + Child(ren)	714.48	357.24	329.76
	EE + Family	1152.54	576.27	531.94
Cigna/UHC High Deductible Health Plan	EE	427.74	213.87	197.42
	EE + Spouse	814.60	407.30	375.97
	EE + Child(ren)	671.38	335.69	309.87
	EE + Family	1068.96	534.48	493.37
UHC PPO	EE	478.28	239.14	220.74
	EE + Spouse	954.78	477.39	440.67
	EE + Child(ren)	783.54	391.77	361.63
	EE + Family	1263.22	631.61	583.02

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