

## Jefferson County Government 2022 Health Insurance Premiums

Network Surcharge \$40/\$80

PREMIER PPO	BlueCross & CIGNA Local Plus			CIGNA Open Access		
	Total Premium	Employer Portion	Employee Portion	Total Premium	Employer Portion	Employee Portion
Employee Only	\$727.00	\$727.00	\$0.00	\$792.00	\$727.00	\$65.00
Employee + Child(ren)	\$1,128.00	\$907.45	\$220.55	\$1,193.00	\$907.45	\$285.55
Employee + Spouse	\$1,599.00	\$1,119.40	\$479.60	\$1,729.00	\$1,119.40	\$609.60
Employee + Spouse + Child(ren)	\$1,964.00	\$1,283.65	\$680.35	\$2,094.00	\$1,283.65	\$810.35
Employee + Spouse + Child(ren) <i>(with couple discount)</i>	\$1,964.00	\$1,683.50	\$280.50	\$2,094.00	\$1,683.50	\$410.50

STANDARD PPO	BlueCross & CIGNA Local Plus			CIGNA Open Access		
	Total Premium	Employer Portion	Employee Portion	Total Premium	Employer Portion	Employee Portion
Employee Only	\$681.00	\$681.00	\$0.00	\$746.00	\$681.00	\$65.00
Employee + Child(ren)	\$1,057.00	\$850.20	\$206.80	\$1,122.00	\$850.20	\$271.80
Employee + Spouse	\$1,498.00	\$1,048.65	\$449.35	\$1,628.00	\$1,048.65	\$579.35
Employee + Spouse + Child(ren)	\$1,840.00	\$1,202.55	\$637.45	\$1,970.00	\$1,202.55	\$767.45
Employee + Spouse + Child(ren) <i>(with couple discount)</i>	\$1,840.00	\$1,577.10	\$262.90	\$1,970.00	\$1,577.10	\$392.90

LIMITED PPO	BlueCross & CIGNA Local Plus			CIGNA Open Access		
	Total Premium	Employer Portion	Employee Portion	Total Premium	Employer Portion	Employee Portion
Employee Only	\$527.00	\$527.00	\$0.00	\$592.00	\$527.00	\$65.00
Employee + Child(ren)	\$818.00	\$657.95	\$160.05	\$883.00	\$657.95	\$225.05
Employee + Spouse	\$1,160.00	\$811.85	\$348.15	\$1,290.00	\$811.85	\$478.15
Employee + Spouse + Child(ren)	\$1,425.00	\$931.10	\$493.90	\$1,555.00	\$931.10	\$623.90
Employee + Spouse + Child(ren) <i>(with couple discount)</i>	\$1,425.00	\$1,220.95	\$204.05	\$1,555.00	\$1,220.95	\$334.05

HEALTHSAVINGS CDHP	BlueCross & CIGNA Local Plus			CIGNA Open Access		
	Total Premium	Employer Portion	Employee Portion	Total Premium	Employer Portion	Employee Portion
Employee Only	\$477.00	\$477.00	\$0.00	\$542.00	\$477.00	\$65.00
Employee + Child(ren)	\$739.00	\$594.90	\$144.10	\$804.00	\$594.90	\$209.10
Employee + Spouse	\$1,048.00	\$733.95	\$314.05	\$1,178.00	\$733.95	\$444.05
Employee + Spouse + Child(ren)	\$1,288.00	\$841.95	\$446.05	\$1,418.00	\$841.95	\$576.05
Employee + Spouse + Child(ren) <i>(with couple discount)</i>	\$1,288.00	\$1,104.30	\$183.70	\$1,418.00	\$1,104.30	\$313.70

DENTAL & DENTAL/VISION PLANS	Dental Only	Dental/Vision
Employee Only	\$9.48	\$12.57
Employee + 1	\$30.39	\$35.98
Family	\$52.89	\$63.36
Family Couple Discount	\$33.89	\$44.36