



MEDICAL MONTHLY PREMIUMS Effective January 1, 2022

KAISER		BLUE SHIELD	
SINGLE	\$790.82	SINGLE	\$1,424.94
2-PARTY	\$1,581.64	2-PARTY	\$3,160.83
FAMILY	\$2,238.02	FAMILY	\$3,704.83

DELTA DENTAL – PLAN 1029	
SINGLE	\$51.80
2-PARTY	\$87.71
FAMILY	\$126.70

DELTA DENTAL – PLAN 1035/INCLUDES ORTHODONTIA	
SINGLE	\$43.76
2-PARTY	\$75.84
FAMILY	\$121.81

VISION SERVICE PLAN (VSP)	
SINGLE, 2-PARTY, FAMILY	\$15.37