Plan Year January 1, 2022 – December 31, 2022 Premium rates are effective for deductions taken December 2021 - November 2022

Optima Health Insurance Premiums

COVERAGE LEVEL	PER PAY PERIOD	MONTHLY
Employee Only	\$ 67.46	\$ 134.92
Employee + Minor	\$122.24	\$ 244.48
Employee + Family	\$264.02	\$ 528.04

Delta Dental Premiums

COVERAGE LEVEL	PPO PLUS PREMIER		PPO EXCLUSIVE PANEL OPTION (EPO)		
	PER PAY PERIOD	MONTHLY	PER PAY PERIOD	MONTHLY	
Employee Only	\$15.35	\$30.69	\$11.76	\$23.52	
Employee + Minor	\$28.42	\$56.83	\$23.40	\$46.79	
Family	\$40.75	\$81.49	\$37.98	\$75.96	

Anthem Vision Premiums

COVERAGE LEVEL	PER PAY PERIOD	MONTHLY
Employee Only	\$3.66	\$7.32
Employee + Child/Children	\$6.96	\$13.92
Employee + Spouse	\$7.31	\$14.62
Family	\$10.76	\$21.51

The Standard Accident Insurance

COVERAGE LEVEL	PER PAY PERIOD	MONTHLY
Employee Only	\$7.33	\$14.66
Employee and Spouse	\$11.57	\$23.14
Employee + Child(ren)	\$13.82	\$27.63
Employee + Family	\$21.62	\$43.24

Employee

	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.85	\$2.65	\$5.15	\$10.40	\$19.00	\$33.30
\$10,000	\$3.70	\$5.30	\$10.30	\$20.80	\$38.00	\$66.60
\$15,000	\$5.55	\$7.95	\$15.45	\$31.20	\$57.00	\$99.90
\$20,000	\$7.40	\$10.60	\$20.60	\$41.60	\$76.00	\$133.20
\$25,000	\$9.25	\$13.25	\$25.75	\$52.00	\$95.00	\$166.50
\$30,000	\$11.10	\$15.90	\$30.90	\$62.40	\$114.00	\$199.80

The Standard Critical Illness

Spouse

	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.85	\$2.65	\$5.15	\$10.40	\$19.00	\$33.30
\$10,000	\$3.70	\$5.30	\$10.30	\$20.80	\$38.00	\$66.60
\$15,000	\$5.55	\$7.95	\$15.45	\$31.20	\$57.00	\$99.90
\$20,000	\$7.40	\$10.60	\$20.60	\$41.60	\$76.00	\$133.20
\$25,000	\$9.25	\$13.25	\$25.75	\$52.00	\$95.00	\$166.50
\$30,000	\$11.10	\$15.90	\$30.90	\$62.40	\$114.00	\$199.80

Trustmark Universal Life Insurance- Long Term Care Rates based on age, tobacco status and

COVERAGE LEVEL	PER PAY PERIOD	MONTHLY
	Rates based on age, tobacco status and coverage limit selections	Please see benefits for rates