

**SAN PATRICIO COUNTY MEDICAL, DENTAL AND LIFE INSURANCE**

**2022 RATES**

**MEDICAL - PLAN A**

	<u>EMPLOYEE MTHLY PREMIUM</u>	<u>PER PAY</u>	<u>MONTHLY EMPLOYER CONTRIBUTION</u>	<u>YEARLY EMPLOYER CONTRIBUTION</u>
EMPLOYEE ONLY	\$15.00	\$7.50	\$560.50	\$6,726.00
EMPLOYEE/SPOUSE	\$282.00	\$141.00	\$611.84	\$7,342.00
EMPLOYEE/CHLD(REN)	\$255.00	\$127.50	\$611.84	\$7,342.00
EMPLOYEE/FAMILY	\$517.00	\$258.50	\$611.84	\$7,342.00

**MEDICAL - PLAN B**

	<u>EMPLOYEE MTHLY PREMIUM</u>	<u>PER PAY</u>		
EMPLOYEE ONLY	\$0.00	\$0.00		
EMPLOYEE/SPOUSE	\$65.00	\$32.50		
EMPLOYEE/CHILD(REN)	\$44.00	\$22.00		
EMPLOYEE/FAMILY	\$86.00	\$43.00		

**DENTAL - OPTIONAL PLAN FULLY PAID BY EMPLOYEE**

EMPLOYEE ONLY	\$29.00	\$14.50		
EMPLOYEE/SPOUSE	\$55.00	\$27.50		
EMPLOYEE/CHILD/REN	\$49.00	\$24.50		
EMPLOYEE/FAMILY	\$73.00	\$36.50		

**LIFE**

12,000 - LIFE	\$2.02			
12,000 - AD&D	\$0.32			
	\$2.34			

**SUPPLEMENTAL RATES**

29 /UNDER	\$ .05/\$1,000			
30-34	\$ .08/\$1,000			
35-39	\$ .09/\$1,000			
40-44	\$ .14/\$1,000			
45-49	\$ .25/\$1,000			
50-54	\$ .41/\$1,000			
55-59	\$ .83/\$1,000			
60-64	\$ .88/\$1,000			
65-69	\$ 1.54/\$1,000			
70-74	\$ 2.19/\$1,000			
75+	\$ 3.65/\$1,000			

APPROVED 10/11/2021