***Lay/school employee contributions***

***2022-2023 plan year***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **medical** | all plans ( HMO / PPO ) | | |  |  |  |
|  |  | level |  | monthly | per pay | |  |
|  |  | employee | | $95.00 | $47.50 | |  |
|  |  | emp/spouse | | $140.00 | $70.00 | |  |
|  |  | emp/child | | $140.00 | $70.00 | |  |
|  |  | emp/chldrn | | $140.00 | $70.00 | |  |
|  |  | family |  | $150.00 | $75.00 | |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **dental** | Delta Dental | |  |  |  |  |
|  |  | Level |  | monthly | per pay | per pay (admin) |  |
|  |  | (schools) |  |
|  |  | employee | | $37.19 | $18.60 | $17.17 |  |
|  |  | emp/spouse | | $68.16 | $34.08 | $31.46 |  |
|  |  | emp/child | | $60.89 | $30.45 | $28.10 |  |
|  |  | emp/chldrn | | $60.89 | $30.45 | $28.10 |  |
|  |  | family |  | $94.84 | $47.42 | $43.78 |  |
|  |  |  |  |  |  |  |  |
|  | **vision** | Davis Vision | |  |  |  |  |
|  |  | level |  | monthly | per pay | per pay (admin) |  |
|  |  | (schools) |  |
|  |  | employee | | $5.38 | $2.69 | $2.48 |  |
|  |  | emp/spouse | | $13.98 | $6.99 | $6.45 |  |
|  |  | emp/child | | $13.98 | $6.99 | $6.45 |  |
|  |  | emp/chldrn | | $13.98 | $6.99 | $6.45 |  |
|  |  | family |  | $13.98 | $6.99 | $6.45 |  |
|  | **vision** | Vision Benefits of America | |  |  |  |  |
|  |  | level |  | monthly | per pay | per pay (admin) |  |
|  |  | (schools) |  |
|  |  | employee | | $9.70 | $4.85 | $4.48 |  |
|  |  | emp/spouse | | $16.40 | $8.20 | $7.60 |  |
|  |  | emp/child | | $16.40 | $8.20 | $7.60 |  |
|  |  | emp/chldrn | | $22.80 | $11.40 | $10.52 |  |
|  |  | family |  | $22.80 | $11.40 | $10.52 |  |