***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 |  |