

**FHSD Employee Group Health Plan  
10-1-21 to 9-30-22  
Retiree Premium Calculation Form**

**Monthly Cost**

**MEDICAL**

No Medical Coverage

**High Option**

- Individual Only \$ 827.25
- Individual/Spouse \$ 1,764.40
- Individual /Child(ren) \$ 1,508.60
- Individual/Family \$ 2,447.40

**Base Option**

- Individual Only \$ 636.50
- Individual/Spouse \$ 1,336.40
- Individual /Child(ren) \$ 1,145.50
- Individual/Family \$ 1,845.60

**CDHP Option**

- Individual Only \$ 579.60
- Individual/Spouse \$ 1,217.10
- Individual /Child(ren) \$ 1,043.10
- Individual/Family \$ 1,680.70

Medical Premium \_\_\_\_\_

**DENTAL**

No Dental Coverage

**Aetna Dental**

- Individual Only \$ 38.40
- Individual/Spouse \$ 74.11
- Individual /Child(ren) \$ 85.77
- Individual/Family \$ 119.67

**Family Dental Service, Inc.**

- Individual Only \$ 57.08
- Individual/Spouse \$ 97.00
- Individual /Child(ren) \$ 117.00
- Individual/Family \$ 143.87

**Cigna Dental Standard**

- Individual Only \$ 17.44
- Individual/Spouse \$ 31.83
- Individual /Child(ren) \$ 37.07
- Individual/Family \$ 55.42

**Cigna Dental Plus**

- Individual Only \$ 31.62
- Individual/Spouse \$ 57.72
- Individual /Child(ren) \$ 67.22
- Individual/Family \$ 100.51

Dental Premium \_\_\_\_\_

**VISION**

No Vision Coverage

- Individual Only \$ 8.03
- Individual/Spouse \$ 16.73
- Individual /Child(ren) \$ 15.74
- Individual/Family \$ 24.44

Vision Premium \_\_\_\_\_