

FHSD GROUP HEALTH PLAN
10.1.2022 TO 9.30.2022
RETIREE PREMIUM CALCULATION FORM

Monthly Cost

MEDICAL

No Medical Coverage

Base Option

- Individual Only \$ 661.00
- Individual/Spouse \$ 1,389.00
- Individual /Child(ren) \$ 1,190.00
- Individual/Family \$ 1,918.00

CDHP Option

- Individual Only \$ 602.00
- Individual/Spouse \$ 1,265.00
- Individual /Child(ren) \$ 1,084.00
- Individual/Family \$ 1,746.00

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 \$ 58.79
- Individual/Spouse \$ 99.91
- Individual /Child(ren) \$ 120.51
- Individual/Family \$ 148.19

Cigna Dental Standard

- Individual Only \$ 17.44
- Individual/Spouse \$ 31.82
- Individual /Child(ren) \$ 37.06
- 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 \$ 7.92
- Individual/Spouse \$ 16.50
- Individual /Child(ren) \$ 15.52
- Individual/Family \$ 24.11

Vision Premium _____

Total Monthly Premium _____