

Campbell County Health - Amounts/Pay Period - FY22 (2021-2022)

W=Wellness Participant
 HDHP = High Deductible Health Plan with a Health Savings Account (HSA)
 NW=Non-Wellness Participant
 One W Participant = \$11
 Two W Participants = \$22

		2020-2021				
EMPLOYEE ONLY	Premium Amount	W Employee	NW Employee	CCH Employer	Per Pay period increase	
	Necessary	Prem-1 Part	Premium	Premium		
	Full-time Employee Only					
	\$1500 Deductible Plan	\$487.05	\$140.55	\$151.55	\$335.50	\$34.32
	HDHP/HSA Plan	\$419.37	\$72.87	\$83.87	\$335.50	\$2.44
	Dental	\$21.44	\$4.29	\$4.29	\$17.15	\$0.00
	Vision	\$5.05	\$2.05	\$2.05	\$3.00	\$0.00
		2020-2021				
Premium Amount	W Employee	NW Employee	CCH Employer	Per Pay Period increase		
Necessary	Prem-1 Part	Premium	Premium			
Part-time Employee Only						
\$1500 Deductible Plan	\$487.05	\$308.30	\$319.30	\$167.75	\$11.94	
HDHP/HSA Plan	\$419.37	\$240.62	\$251.62	\$167.75	\$7.33	
Dental	\$21.44	\$12.86	\$12.86	\$8.58	\$0.00	
Vision	\$5.05	\$5.05	\$5.05	\$0.00	\$0.00	

		2020-2021					
EMPLOYEE & SPOUSE	Premium Amount	W Employee	W Employee	NW Employee	CCH Employer	Per Pay Period increase	
	Necessary	Prem-1 Part	Prem-2 Part	Premium	Premium		
	Full-Time Employee + Spouse						
	\$1500 Deductible Plan	\$1,015.83	\$305.09	\$294.09	\$316.09	\$699.74	\$71.59
	HDHP/HSA Plan	\$874.67	\$163.93	\$152.93	\$174.93	\$699.74	\$5.09
	Dental	\$44.42	\$8.88	\$8.88	\$8.88	\$35.54	\$0.00
	Vision	\$8.31	\$5.31	\$5.31	\$5.31	\$3.00	\$0.00
		2020-2021					
Premium Amount	W Employee	W Employee	NW Employee	CCH Employer	Per Pay Period increase		
Necessary	Prem-1 Part	Prem-2 Part	Premium	Premium			
Part-time Employee + Spouse							
\$1500 Deductible Plan	\$1,015.83	\$654.96	\$643.96	\$665.96	\$349.87	\$24.90	
HDHP/HSA Plan	\$874.67	\$513.80	\$502.80	\$524.80	\$349.87	\$15.28	
Dental	\$44.42	\$26.65	\$26.65	\$26.65	\$17.77	\$0.00	
Vision	\$8.31	\$8.31	\$8.31	\$8.31	\$0.00	\$0.00	

		2020-2021				
EMPLOYEE & CHILDREN	Premium Amount	W Employee	NW Employee	CCH Employer	Per Pay Period Increase	
	Necessary	Prem-1 Part	Premium	Premium		
	Full-Time Employee + Children					
	\$1500 Deductible Plan	\$863.97	\$257.83	\$268.83	\$595.14	\$60.88
	HDHP/HSA Plan	\$743.92	\$137.78	\$148.78	\$595.14	\$4.33
	Dental	\$40.22	\$8.04	\$8.04	\$32.18	\$0.00
	Vision	\$7.89	\$4.89	\$4.89	\$3.00	\$0.00
		2020-2021				
Premium Amount	W Employee	NW Employee	CCH Employer	Per Pay Period Increase		
Necessary	Prem-1 Part	Premium	Premium			
Part-time Employee + Children						
\$1500 Deductible Plan	\$863.97	\$555.40	\$566.40	\$297.57	\$21.17	
HDHP/HSA Plan	\$743.92	\$435.35	\$446.35	\$297.57	\$13.00	
Dental	\$40.22	\$24.13	\$24.13	\$16.09	\$0.00	
Vision	\$7.89	\$7.89	\$7.89	\$0.00	\$0.00	

		2020-2021					
EMPLOYEE & FAMILY	Premium Amount	W Employee	W Employee	NW Employee	CCH Employer	Per Pay Period Increase	
	Necessary	Prem-1 Part	Prem-2 Part	Premium	Premium		
	Full-time Employee + Family						
	\$1500 Deductible Plan	\$1,434.66	\$435.41	\$424.41	\$446.41	\$988.25	\$101.11
	HDHP/HSA Plan	\$1,235.31	\$236.06	\$225.06	\$247.06	\$988.25	\$7.19
	Dental	\$65.59	\$13.12	\$13.12	\$13.12	\$52.47	\$0.00
	Vision	\$13.09	\$10.09	\$10.09	\$10.09	\$3.00	\$0.00
		2020-2021					
Premium Amount	W Employee	W Employee	NW Employee	CCH Employer	Per Pay Period Increase		
Necessary	Prem-1 Part	Prem-2 Part	Premium	Premium			
Part-time Employee + Family							
\$1500 Deductible Plan	\$1,434.66	\$929.54	\$918.54	\$940.54	\$494.12	\$35.17	
HDHP/HSA Plan	\$1,235.31	\$730.19	\$719.19	\$741.19	\$494.12	\$21.59	
Dental	\$65.59	\$39.35	\$39.35	\$39.35	\$26.24	\$0.00	
Vision	\$13.09	\$13.09	\$13.09	\$13.09	\$0.00	\$0.00	