

**SIERRA VIEW MEDICAL CENTER
MEDICAL/DENTAL/VISION INSURANCE PREMIUMS
EFFECTIVE 1/1/2022 - 12/31/2022**

UNITED HEALTHCARE MEDICAL INSURANCE PREMIUMS

Category	Type	HMO	Per	PPO	Per
		Monthly	Pay Period*	Monthly	Pay Period*
Employee Only	FT Employee	\$ 81.12	\$ 37.44	\$ 467.14	\$ 215.60
	SVMC	\$ 577.35		\$ 657.24	
	PT Employee	\$ 658.47	\$ 303.91	\$ 1,124.38	\$ 518.94
Employee & Spouse	FT Employee	\$ 392.35	\$ 181.08	\$ 908.50	\$ 419.31
	SVMC	\$ 1,056.25		\$ 1,205.67	
	PT Employee	\$ 1,448.60	\$ 668.58	\$ 2,114.17	\$ 975.77
Employee + Child(ren)	FT Employee	\$ 327.52	\$ 151.16	\$ 1,084.94	\$ 500.74
	SVMC	\$ 956.45		\$ 1,107.60	
	PT Employee	\$ 1,283.97	\$ 592.60	\$ 2,192.54	\$ 1,011.94
Employee & Family	FT Employee	\$ 614.09	\$ 283.43	\$ 1,803.51	\$ 832.39
	SVMC	\$ 1,397.50		\$ 1,631.51	
	PT Employee	\$ 2,011.59	\$ 928.43	\$ 3,435.02	\$ 1,585.39

UNITED HEALTHCARE DENTAL INSURANCE PREMIUMS

Category	Type	HMO	Per	PPO	Per
		Monthly	Pay Period*	Monthly	Pay Period*
Employee Only	FT Employee	\$ 15.74	\$ 7.26	\$ 39.07	\$ 18.03
	SVMC	\$ 4.27		\$ 4.27	
	PT Employee	\$ 20.01	\$ 9.24	\$ 43.34	\$ 20.00
Employee & Spouse	FT Employee	\$ 26.47	\$ 12.22	\$ 75.13	\$ 34.68
	SVMC	\$ 7.86		\$ 7.86	
	PT Employee	\$ 34.33	\$ 15.84	\$ 82.99	\$ 38.30
Employee + Child(ren)	FT Employee	\$ 30.52	\$ 14.09	\$ 77.92	\$ 35.96
	SVMC	\$ 4.05		\$ 4.05	
	PT Employee	\$ 34.57	\$ 15.96	\$ 81.97	\$ 37.83
Employee & Family	FT Employee	\$ 41.08	\$ 18.96	\$ 135.38	\$ 62.48
	SVMC	\$ 8.73		\$ 8.73	
	PT Employee	\$ 49.81	\$ 22.99	\$ 144.11	\$ 66.51

MES VISION INSURANCE PREMIUMS

	Per	
	Monthly	Pay Period*
Employee Only	\$ 10.12	\$ 4.67
Employee & Spouse	\$ 17.14	\$ 7.91
Employee & Child(ren)	\$ 17.31	\$ 7.99
Employee & Family	\$ 28.71	\$ 13.25

***Payments will be deducted from all 26 pay periods.**