

Southern California Rates				
2022 Da Vinci Employee Benefits Cost Breakdown Worksheet (For Eligible Employees)				
Coverage term is January 1, 2022 to December 31, 2022				
Employee deductions are taken out monthly across 10 monthly payrolls (tenthly).				
\$2,000/yr pay for those who opt-out of medical coverage (paid out tenthly)				
HEALTH BENEFITS		Mthly Premium	Mthly Employer Contrib	Mthly Cost to Employee
KAISER: HMO Low	Employee Only	\$ 775.44	\$ 775.44	\$ -
	Employee + 1	\$ 1,550.88	\$ 1,055.03	\$ 495.85
	Family	\$ 2,194.52	\$ 1,277.86	\$ 916.66
KAISER: HMO High	Employee Only	\$ 838.88	\$ 831.10	\$ 7.78
	Employee + 1	\$ 1,677.77	\$ 1,063.95	\$ 613.82
	Family	\$ 2,374.06	\$ 1,290.49	\$ 1,083.57
KAISER: HMO HDP \$1500	Employee Only	\$ 678.46	\$ 678.46	\$ -
	Employee + 1	\$ 1,356.90	\$ 1,092.19	\$ 264.71
	Family	\$ 1,920.04	\$ 1,330.48	\$ 589.56
KAISER: HMO HRA \$3000	Employee Only	\$ 545.18	\$ 545.18	\$ -
	Employee + 1	\$ 1,090.38	\$ 1,072.30	\$ 18.08
	Family	\$ 1,542.89	\$ 1,308.36	\$ 234.53
ANTHEM BLUE CROSS: Base EPO	Employee Only	\$ 679.99	\$ 679.99	\$ -
	Employee + Spouse	\$ 1,496.00	\$ 1,051.76	\$ 444.24
	Employee + Child/ren	\$ 1,224.02	\$ 1,042.34	\$ 181.68
	Family	\$ 2,108.02	\$ 1,272.93	\$ 835.09
ANTHEM BLUE CROSS: Low EPO	Employee Only	\$ 734.03	\$ 734.03	\$ -
	Employee + Spouse	\$ 1,614.86	\$ 1,056.60	\$ 558.26
	Employee + Child/ren	\$ 1,321.25	\$ 1,046.31	\$ 274.94
	Family	\$ 2,275.49	\$ 1,279.77	\$ 995.72
ANTHEM BLUE CROSS: High EPO	Employee Only	\$ 782.22	\$ 782.22	\$ -
	Employee + Spouse	\$ 1,720.91	\$ 1,057.86	\$ 663.05
	Employee + Child/ren	\$ 1,408.01	\$ 1,047.34	\$ 360.67
	Family	\$ 2,424.50	\$ 1,281.50	\$ 1,143.00
ANTHEM BLUE CROSS: Base PPO	Employee Only	\$ 949.58	\$ 869.01	\$ 80.57
	Employee + Spouse	\$ 2,089.07	\$ 1,137.08	\$ 951.99
	Employee + Child/ren	\$ 1,709.26	\$ 1,124.23	\$ 585.03
	Family	\$ 2,943.71	\$ 1,393.15	\$ 1,550.56
ANTHEM BLUE CROSS: Low PPO	Employee Only	\$ 1,220.57	\$ 884.49	\$ 336.08
	Employee + Spouse	\$ 2,685.28	\$ 1,185.88	\$ 1,499.40
	Employee + Child/ren	\$ 2,197.04	\$ 1,152.08	\$ 1,044.96
	Family	\$ 3,783.79	\$ 1,461.92	\$ 2,321.87
ANTHEM BLUE CROSS: High PPO	Employee Only	\$ 1,326.41	\$ 891.94	\$ 434.47
	Employee + Spouse	\$ 2,918.12	\$ 1,202.27	\$ 1,715.85
	Employee + Child/ren	\$ 2,387.56	\$ 1,165.50	\$ 1,222.06
	Family	\$ 4,111.90	\$ 1,485.01	\$ 2,626.89
DENTAL BENEFITS		Mthly Premium	Mthly Employer Coi	Mthly Cost to Employee
DELTA CARE: HMO	Employee Only	\$ 16.69	\$ 16.69	\$ -
	Employee + 1	\$ 31.82	\$ 31.82	\$ -
	Family	\$ 51.31	\$ 37.50	\$ 13.81
DELTA DENTAL: PPO 1000	Employee Only	\$ 55.25	\$ 37.50	\$ 17.75
	Employee + 1	\$ 107.48	\$ 37.50	\$ 69.98
	Family	\$ 176.41	\$ 37.50	\$ 138.91
DELTA DENTAL: PPO 2000	Employee Only	\$ 66.11	\$ 37.50	\$ 28.61
	Employee + 1	\$ 127.51	\$ 37.50	\$ 90.01
	Family	\$ 212.33	\$ 37.50	\$ 174.83
VISION BENEFITS		Mthly Premium	Mthly Employer Coi	Mthly Cost to Employee
VSP VISION CARE	Employee Only	\$ 11.26	\$ 5.00	\$ 6.26
	Employee + 1	\$ 22.25	\$ 5.00	\$ 17.25
	Family	\$ 36.43	\$ 5.00	\$ 31.43
Life Insurance (\$25,000 employer paid plan)		\$ 3.22	\$ 3.22	\$ -