



**AUHSD BENEFIT PREMIUM RATES**  
**Plan Year - October 1, 2022 to September 30, 2023**

Single Coverage AUHSD Contribution Effective October 1, 2022			\$ 876
Health Plan	Premium Rate	Employee Deduction	AUHSD HSA Contribution
Kaiser Permanente	876	-	
Kaiser HSA	692	-	184
Anthem HMO Premier 10	1,008	132	
Anthem HMO Classic ( <b>NEW PLAN</b> )	938	62	
Anthem PPO 90-G \$20	974	98	
Anthem PPO 80-G \$20	895	19	
Anthem HSA	729	-	147

2-Party Coverage AUHSD Contribution Effective October 1, 2022			\$ 1,752
Health Plan	Premium Rate	Employee Deduction	AUHSD HSA Contribution
Kaiser Permanente	1,752	-	
Kaiser HSA	1,384	-	368
Anthem HMO Premier 10	2,024	272	
Anthem HMO Classic ( <b>NEW PLAN</b> )	1,883	131	
Anthem PPO 90-G \$20	1,954	202	
Anthem PPO 80-G \$20	1,789	37	
Anthem HSA	1,503	-	249

Family Coverage AUHSD Contribution Effective October 1, 2022			\$ 2,277
Health Plan	Premium Rate	Employee Deduction	AUHSD HSA Contribution
Kaiser Permanente	2,277	-	
Kaiser HSA	1,799	-	478
Anthem HMO Premier 10	2,627	350	
Anthem HMO Classic ( <b>NEW PLAN</b> )	2,445	168	
Anthem PPO 90-G \$20	2,536	259	
Anthem PPO 80-G \$20	2,322	45	
Anthem HSA	1,955	-	322

Dental & Vision Plans Effective October 1, 2022	Composite Rate	Employee Deduction
Delta Dental Incentive Plan-Wide Network	107.60	-
Delta Dental PPO Unlimited-Narrow Network	145.20	37.60
Vision Service Plan \$ 5, \$150 Frame	19.90	-
Vision Service Plan \$ 0, \$200 Frame	24.00	4.10

**Based on 1.0 FTE**