

Full Time CWA 2022-2023 Per Paycheck Medical Rates

| Plan | Coverage Level | Total Rates | DPS Contribution | Employee Contribution |
|----------------------------------|-----------------------|-------------|------------------|-----------------------|
| MotivHealth 2800 Deductible CDHP | Employee Only | 171.50 | 192.90 | -21.40 |
| | Employee and Spouse | 416.00 | 242.90 | 173.10 |
| | Employee and Children | 350.50 | 309.65 | 40.85 |
| | Family | 579.00 | 359.65 | 219.35 |
| Kaiser 3500 Deductible CDHP | Employee Only | 203.54 | 192.90 | 10.64 |
| | Employee and Spouse | 464.79 | 242.90 | 221.89 |
| | Employee and Children | 391.62 | 309.65 | 81.97 |
| | Family | 646.78 | 359.65 | 287.13 |
| Kaiser 2800 Deductible CDHP | Employee Only | 243.56 | 192.90 | 50.66 |
| | Employee and Spouse | 556.17 | 242.90 | 313.27 |
| | Employee and Children | 468.61 | 309.65 | 158.96 |
| | Family | 773.92 | 359.65 | 414.27 |
| Kaiser 1400 Deductible CDHP | Employee Only | 282.48 | 192.90 | 89.58 |
| | Employee and Spouse | 645.04 | 242.90 | 402.14 |
| | Employee and Children | 543.48 | 309.65 | 233.83 |
| | Family | 897.57 | 359.65 | 537.92 |
| Kaiser 1000 Deductible DHMO | Employee Only | 311.25 | 220.82 | 90.43 |
| | Employee and Spouse | 710.72 | 270.82 | 439.90 |
| | Employee and Children | 598.82 | 337.57 | 261.25 |
| | Family | 988.96 | 387.57 | 601.39 |
| Aetna 3500 Deductible CDHP | Employee Only | 248.60 | 202.61 | 46.00 |
| | Employee and Spouse | 555.60 | 265.23 | 290.37 |
| | Employee and Children | 434.82 | 327.13 | 107.69 |
| | Family | 688.46 | 387.32 | 301.14 |
| Aetna 2800 Deductible CDHP | Employee Only | 335.98 | 206.02 | 129.96 |
| | Employee and Spouse | 750.89 | 273.08 | 477.82 |
| | Employee and Children | 587.65 | 333.27 | 254.39 |
| | Family | 930.45 | 397.04 | 533.41 |
| Aetna 2800 OA Deductible CDHP | Employee Only | 376.30 | 192.90 | 183.40 |
| | Employee and Spouse | 840.99 | 242.90 | 598.09 |
| | Employee and Children | 658.17 | 309.65 | 348.52 |
| | Family | 1,042.11 | 359.65 | 682.46 |
| Aetna 1000 Deductible DHMO | Employee Only | 326.61 | 233.58 | 93.04 |
| | Employee and Spouse | 729.94 | 300.15 | 429.79 |
| | Employee and Children | 571.26 | 360.53 | 210.74 |
| | Family | 904.50 | 423.92 | 480.58 |

* DPS Contribution as shown do not include the annual \$670 DPS HSA contribution