

# CONTRIBUTIONS

See below for your 2023 Johnson County Medical, Dental, and Vision monthly contribution rates.

PPO Preferred Care Blue								
	Full Incentive	Base Rate	EE Wellness Only	SP Wellness Only	Tobacco Only	SP Well & Tobacco	EE Well & Tobacco	EE & SP Well
Individual	\$78.00	\$188.00	\$118.00		\$148.00		\$78.00	
EE + Spouse	\$175.00	\$325.00	\$255.00	\$285.00	\$285.00	\$245.00	\$215.00	\$215.00
EE + Child(ren)	\$170.00	\$280.00	\$210.00		\$240.00		\$170.00	
Family	\$219.00	\$369.00	\$299.00	\$329.00	\$329.00	\$289.00	\$259.00	\$259.00

PPO BlueSelect Plus								
	Full Incentive	Base Rate	EE Wellness Only	SP Wellness Only	Tobacco Only	SP Well & Tobacco	EE Well & Tobacco	EE & SP Well
Individual	\$55.00	\$165.00	\$95.00		\$125.00		\$55.00	
EE + Spouse	\$123.00	\$273.00	\$203.00	\$233.00	\$233.00	\$193.00	\$163.00	\$163.00
EE + Child(ren)	\$119.00	\$229.00	\$159.00		\$189.00		\$119.00	
Family	\$153.00	\$303.00	\$233.00	\$263.00	\$263.00	\$223.00	\$193.00	\$193.00

BlueSaver Preferred Care Blue								
	Full Incentive	Base Rate	EE Wellness Only	SP Wellness Only	Tobacco Only	SP Well & Tobacco	EE Well & Tobacco	EE & SP Well
Individual	\$23.00	\$133.00	\$63.00		\$93.00		\$23.00	
EE + Spouse	\$65.00	\$215.00	\$145.00	\$175.00	\$175.00	\$135.00	\$105.00	\$105.00
EE + Child(ren)	\$60.00	\$170.00	\$100.00		\$130.00		\$60.00	
Family	\$108.00	\$258.00	\$188.00	\$218.00	\$218.00	\$178.00	\$148.00	\$148.00

BlueSaver BlueSelect Plus								
	Full Incentive	Base Rate	EE Wellness Only	SP Wellness Only	Tobacco Only	SP Well & Tobacco	EE Well & Tobacco	EE & SP Well
Individual	\$16.00	\$126.00	\$56.00		\$86.00		\$16.00	
EE + Spouse	\$46.00	\$196.00	\$126.00	\$156.00	\$156.00	\$116.00	\$86.00	\$86.00
EE + Child(ren)	\$42.00	\$152.00	\$82.00		\$112.00		\$42.00	
Family	\$76.00	\$226.00	\$156.00	\$186.00	\$186.00	\$146.00	\$116.00	\$116.00

2023 Dental and Vision Monthly Contribution Rates		
Plan	Tier	Employee Cost
Delta Dental	Employee	\$6
	Employee + Spouse	\$12
	Employee + Child(ren)	\$15
	Family	\$23
Vision With Medical	Employee	\$0
	Employee + Spouse	\$0
	Employee + Child(ren)	\$0
	Family	\$0
Vision Buy-Up	Add Spouse	\$4.94
	Add Child	\$5.63
	Add Family	\$11.94
	Medical ESP and Vision Fam	\$7.00
	Medical ECH and Vision Fam	\$6.31
Vision Without Medical	Employee	\$4.92
	Employee + Spouse	\$9.86
	Employee + Child(ren)	\$10.55
	Family	\$16.86