

**Hanover County Health and Dental Rates - Effective 1/01/2022**

**Cigna - Full Time Rates & Part Time Rates**

	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE RESPONSIBILITY EMPLOYEE SEMI-MONTHLY SHARE
<b>PREMIUM PLAN</b>				
Employee	\$948.00	\$834.00	\$114.00	\$57.00
Employee + Child	\$1,432.00	\$1,068.00	\$364.00	\$182.00
Employee + Spouse	\$1,928.00	\$1,205.00	\$723.00	\$361.50
Employee + 2 Children	\$1,908.00	\$1,305.00	\$603.00	\$301.50
Employee + Family	\$2,675.00	\$1,778.00	\$897.00	\$448.50
<b>Married (FT or FT/PT) Employee Family Both spouses work for Hanover</b>	\$2,675.00	\$1,978.00	\$697.00	\$348.50
<b>STANDARD PLAN</b>				
Employee	\$624.00	\$581.00	\$43.00	\$21.50
Employee + Child	\$941.00	\$787.00	\$154.00	\$77.00
Employee + Spouse	\$1,266.00	\$934.00	\$332.00	\$166.00
Employee + 2 Children	\$1,253.00	\$956.00	\$297.00	\$148.50
Employee + Family	\$1,758.00	\$1,305.00	\$453.00	\$226.50
<b>Married (FT or FT/PT) Employee Family Both spouses work for Hanover</b>	\$1,758.00	\$1,505.00	\$253.00	\$126.50
<b>Consumer Driven Health Plan w/H.S.A.</b>				
Employee	\$534.00	\$509.00	\$25.00	\$12.50
Employee + Child	\$809.00	\$690.00	\$119.00	\$59.50
Employee + Spouse	\$1,087.00	\$792.00	\$295.00	\$147.50
Employee + 2 Children	\$1,075.00	\$829.00	\$246.00	\$123.00
Employee + Family	\$1,509.00	\$1,144.00	\$365.00	\$182.50
<b>Married (FT or FT/PT) Employee Family Both spouses work for Hanover</b>	\$1,509.00	\$1,344.00	\$165.00	\$82.50
<b>Cigna Vision - All Employees</b>				
	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$5.70	\$0.00	\$5.70	\$2.85
Employee + Child	\$11.52	\$0.00	\$11.52	\$5.76
Employee + Spouse	\$11.39	\$0.00	\$11.39	\$5.70
Employee + 2 Children	\$11.52	\$0.00	\$11.52	\$5.76
Employee + Family	\$18.36	\$0.00	\$18.36	\$9.18
<b>Delta Dental - Full Time &amp; Part Time Rates</b>				
	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
<b>Delta PPO-EPO</b>				
Employee	\$29.79	\$0.00	\$29.79	\$14.90
Employee + 1 Child	\$51.73	\$0.00	\$51.73	\$25.87
Employee + Spouse	\$54.83	\$0.00	\$54.83	\$27.42
Employee + 2 or more Children	\$57.53	\$0.00	\$57.53	\$28.77
Employee + Family	\$74.65	\$0.00	\$74.65	\$37.33
<b>Delta Low Option</b>				
Employee	\$25.67	\$0.00	\$25.67	\$12.84
Employee + 1 Child	\$44.14	\$0.00	\$44.14	\$22.07
Employee + Spouse	\$51.90	\$0.00	\$51.90	\$25.95
Employee + 2 or more Children	\$56.00	\$0.00	\$56.00	\$28.00
Employee + Family	\$92.91	\$0.00	\$92.91	\$46.46
<b>Delta High Option</b>				
Employee	\$37.75	\$0.00	\$37.75	\$18.88
Employee + 1 Child	\$64.90	\$0.00	\$64.90	\$32.45
Employee + Spouse	\$76.29	\$0.00	\$76.29	\$38.15
Employee + 2 or more Children	\$79.42	\$0.00	\$79.42	\$39.71
Employee + Family	\$125.81	\$0.00	\$125.81	\$62.91