

2022 RATES PER PAYCHECK

RATES ARE PER PAY PERIOD, BASED ON 24 PAYCHECKS PER YEAR.



AETNA MEDICAL PLANS

	Memorial Hermann ACO	HDHP (High Deductible Health Plan)	Choice POS II
Employee Only	\$49.50	\$34.50	\$77.00
Employee + Spouse	\$327.50	\$294.00	\$406.50
Employee + Child(ren)	\$181.50	\$156.50	\$239.00
Employee + Family	\$376.00	\$327.00	\$498.00



DENTAL PLANS

	Dental HMO	Dental PPO
Employee Only	\$7.64	\$26.40
Employee + Spouse	\$14.31	\$53.59
Employee + Child(ren)	\$10.88	\$48.06
Employee + Family	\$18.69	\$67.73



LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

SUPPLEMENTAL LIFE AND AD&D (RATES ARE PER \$10,000)											
Your age January 1 of plan year	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
Rate	\$0.30	\$0.35	\$0.40	\$0.45	\$0.65	\$0.90	\$1.30	\$2.00	\$2.95	\$4.65	
SPOUSE LIFE											
Spouse age January 1 of plan year	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
Benefit Level	\$10,000	\$0.20	\$0.25	\$0.30	\$0.35	\$0.55	\$0.80	\$1.20	\$1.90	\$2.85	\$4.55
	\$20,000	\$0.40	\$0.50	\$0.60	\$0.70	\$1.10	\$1.60	\$2.40	\$3.80	\$5.70	\$9.10
	\$35,000	\$0.70	\$0.88	\$1.05	\$1.23	\$1.93	\$2.80	\$4.20	\$6.65	\$9.98	\$15.93
CHILD LIFE											
Benefit Level		Rate									
\$5,000		\$0.20									
\$10,000		\$0.40									



CRITICAL ILLNESS

Your age January 1 of plan year	< 30	30-39	40-49	50-59	60-69	70+
Employee Only	\$10,000	\$3.15	\$4.45	\$8.30	\$14.75	\$43.50
	\$20,000	\$6.30	\$8.90	\$16.60	\$29.50	\$87.00
	\$30,000	\$9.45	\$13.35	\$24.90	\$44.25	\$130.50
Spouse	\$5,000	\$1.55	\$2.23	\$4.15	\$7.38	\$21.73
	\$10,000	\$3.10	\$4.45	\$8.30	\$14.75	\$43.45
	\$15,000	\$4.65	\$6.68	\$12.45	\$22.13	\$65.18



VISION PLAN

	Rate
Employee Only	\$4.74
Employee + 1	\$7.97
Employee + Family	\$11.99



DISABILITY COVERAGE

Elimination period	Rate
14-day waiting period	\$1.19 per \$100 frozen* salary
90-day waiting period	\$0.53 per \$100 frozen* salary

*Annual salary is frozen every October of the previous plan year. This is the amount your premiums are based on.



LEGAL PROTECTION PLAN

	Rate
Employee	\$7.25



IDENTITY THEFT PROTECTION

	Rate
Employee Only	\$3.97
Employee + Family	\$6.97



ACCIDENT INSURANCE

	Rate
Employee Only	\$6.80
Employee + Spouse	\$11.62
Employee + Child(ren)	\$12.22
Employee + Family	\$17.04



HOSPITAL INDEMNITY

	Rate
Employee Only	\$12.36
Employee + Spouse	\$21.71
Employee + Child(ren)	\$19.35
Employee + Family	\$28.70



EMERGENCY TRANSPORT

	Emergent Plus	Platinum
Employee + Family	\$7.00	\$19.50