



## MEDICAL MONTHLY PREMIUMS Effective January 1, 2023

KAISER		BLUE SHIELD	
SINGLE	\$790.82	SINGLE	\$1,453.44
2-PARTY	\$1,581.64	2-PARTY	\$3,224.05
FAMILY	\$2,238.02	FAMILY	\$3,778.93

DELTA DENTAL – PLAN 1029	
SINGLE	\$51.80
2-PARTY	\$87.71
FAMILY	\$126.70

DELTA DENTAL – PLAN 1035/INCLUDES ORTHODONTIA	
SINGLE	\$43.76
2-PARTY	\$75.84
FAMILY	\$121.81

VISION SERVICE PLAN (VSP)	
SINGLE, 2-PARTY, FAMILY	\$15.37