

2022 HEALTH, DENTAL AND VISION RATES



Western contributes \$2,490.59 per month toward the cost of medical, dental and vision benefits. Rates are effective January 1 through December 31, 2022.

Employees opting out of Western's medical plan, receive a monthly payment in the amount of \$690.00. Proof of coverage in another medical plan is required.

Medical Provider	Level of Coverage	Monthly Premium
Anthem Blue Cross Prudent Buyer Classic (PPO 200)	Employee Only	\$ 849.93
	Employee Plus One Dependent	\$ 1,699.86
	Employee Plus Family	\$ 2,252.32
Anthem Blue Cross Prudent Buyer Advantage (PPO 500)	Employee Only	\$ 747.94
	Employee Plus One Dependent	\$ 1,495.88
	Employee Plus Family	\$ 1,982.04
Anthem Blue Cross CaliforniaCare (HMO)	Employee Only	\$ 963.80
	Employee Plus One Dependent	\$ 1,927.61
	Employee Plus Family	\$ 2,554.08
Kaiser Permanente with Chiro (HMO)	Employee Only	\$ 681.82
	Employee Plus One Dependent	\$ 1,346.64
	Employee Plus Family	\$ 1,898.45
Dental Provider	Level of Coverage	Monthly Premium
Delta Dental (PPO – Fee For Service)	Employee Only	\$ 65.02
	Employee Plus One Dependent	\$ 121.97
	Employee Plus Family	\$ 170.56
DeltaCare (DMO)	Employee Only	\$ 17.03
	Employee Plus One Dependent	\$ 31.34
	Employee Plus Family	\$ 50.29
Vision Provider	Level of Coverage	Monthly Premium
Vision Service Plan	All Levels	\$ 18.85