

RATES

SUMMIT COMMUNITY CARE CLINIC 2022 EMPLOYEE CONTRIBUTIONS

January 1 - December 31, 2022



Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes. This is deducted 26 times.

MEDICAL COVERAGE

Coverage Tier	Employee Contribution (Biweekly)	
	Local Plus HSA 5500	Local Plus 2500
Employee Only	\$47.61	\$64.67
Employee + Spouse/RDP	\$131.11	\$161.68
Employee + Child(ren)	\$121.28	\$149.55
Family	\$186.84	\$230.40

Coverage Tier	Employee Contribution (Biweekly)	
	Open Access Plus HSA 5500	Open Access Plus 2500
Employee Only	\$54.36	\$66.97
Employee + Spouse/RDP	\$135.90	\$167.43
Employee + Child(ren)	\$125.71	\$154.87
Family	\$193.66	\$238.58

DENTAL COVERAGE

Coverage Tier	Employee Contribution (Biweekly)
	Delta Dental
Employee Only	\$6.28
Employee + Spouse/RDP	\$12.42
Employee + Child(ren)	\$16.29
Family	\$25.09

VISION COVERAGE

Coverage Tier	Employee Contribution (Biweekly)
	VSP Vision Plan
Employee Only	\$3.60
Employee + Spouse/RDP	\$5.76
Employee + Child(ren)	\$5.88
Family	\$9.49