

## 2022 Leave of Absence Monthly Rates

### MEDICAL

Coverage	Aetna PPO	Aetna Select HMO	Blue Choice HMO
Individual	\$734.28	\$598.45	\$625.00
Employee/child(ren)	\$1,430.32	\$1,166.04	\$1,250.26
Employee/spouse	\$1,609.84	\$1,312.07	\$1,375.37
Family	\$2,302.27	\$1,876.32	\$2,018.92

### DENTAL

Coverage	CIGNA DPPO	Aetna DHMO
Individual	\$36.39	\$11.34
Employee/child(ren)	\$58.88	\$25.34
Employee/spouse	\$83.92	\$19.25
Family	\$113.27	\$35.67

### VISION

Coverage	VSP
Individual	\$7.05
Employee/Child(ren)	\$9.57
Employee/spouse	\$14.10
Family	\$17.88