



FY 2021/22

Employee Benefits & Wellness

Medical, Dental & Vision Premiums

MEDICAL - HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

(Administered by Aetna) Premiums do not reflect Healthy Lifestyle Premium Discounts (HLPDs)

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County*	Monthly	COBRA**
Employee Only	\$42.38	\$159.33	\$437.03	\$445.77
Employee + Spouse	55.86	405.69	1000.01	1020.01
Employee + Child(ren)	54.65	394.12	972.32	991.77
Employee + Family	75.40	581.52	1,423.31	1,451.78

PIMA COUNTY SELF-FUNDED DENTAL PLAN (PPO)

(Administered by Delta Dental of Arizona)

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County	Monthly	COBRA**
Employee Only	\$8.92	\$8.92	\$38.63	\$39.40
Employee + Spouse	15.44	15.44	66.88	68.22
Employee + Child(ren)	14.53	14.53	62.94	64.20
Employee + Family	21.02	21.02	91.08	92.90

SOLSTICE DENTAL (DHMO)

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County	Monthly	COBRA**
Employee Only	\$1.84	\$1.84	\$7.95	\$8.11
Employee + Spouse	3.89	3.89	16.86	17.20
Employee + Child(ren)	5.40	5.40	23.39	23.86
Employee + Family	5.84	5.84	25.30	25.81

DAVIS VISION

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County	Monthly	COBRA**
Employee Only	\$2.81	\$0.00	\$6.07	\$6.19
Employee + Spouse	4.46	0.00	9.66	9.85
Employee + Child(ren)	5.36	0.00	11.60	11.83
Employee + Family	5.97	0.00	12.92	13.18

*Pima County will pay Health Savings Account (HSA) administrative fees as well as make bi-weekly HSA deposits for employees enrolled in the HDHP with HSA. Employee Only \$38.46; Employee plus Dependent(s) \$76.92.

** All COBRA premiums include a 2% administrative fee