



FY 2022/23

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	\$47.25	\$177.61	\$487.19	\$496.93
Employee + Spouse	62.27	452.25	1114.78	1137.08
Employee + Child(ren)	60.92	439.36	1083.92	1105.60
Employee + Family	84.06	648.25	1586.67	1618.40

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	\$9.84	\$9.84	\$42.63	\$43.48
Employee + Spouse	16.59	16.59	71.87	73.31
Employee + Child(ren)	15.65	15.65	67.79	69.15
Employee + Family	22.37	22.37	96.91	98.85

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