

2022 Medical Plan Bi-Weekly Premiums

	Diamond				Bronze				Imputed Income
	Full Time		Part Time		Full Time		Part Time		
	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	
TCHHN Primary Care Provider Basic HDHP									
Employee Only	\$14.89	\$302.29	\$28.53	\$288.65	\$46.98	\$270.20	\$89.17	\$228.01	
Employee + 1	\$53.34	\$546.24	\$77.52	\$522.06	\$135.09	\$464.49	\$161.72	\$437.86	\$282.40
Employee + 2 or More	\$98.00	\$754.96	\$133.35	\$719.61	\$184.35	\$668.61	\$221.61	\$631.35	\$282.40

	Diamond				Bronze				Imputed Income
	Full Time		Part Time		Full Time		Part Time		
	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	
Basic HDHP									
Employee Only	\$16.97	\$300.21	\$32.52	\$284.66	\$58.24	\$258.94	\$101.64	\$215.54	
Employee + 1	\$60.79	\$538.79	\$88.36	\$511.22	\$153.97	\$445.61	\$184.32	\$415.26	\$282.40
Employee + 2 or More	\$111.70	\$741.26	\$151.99	\$700.97	\$210.12	\$642.84	\$252.59	\$600.37	\$282.40

	Diamond				Bronze				Imputed Income
	Full Time		Part Time		Full Time		Part Time		
	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	
TCHHN Primary Care Provider Standard HDHP									
Employee Only	\$33.49	\$303.53	\$50.85	\$286.17	\$95.83	\$241.19	\$114.46	\$222.56	
Employee + 1	\$88.07	\$548.34	\$121.56	\$514.85	\$172.36	\$464.05	\$208.30	\$428.11	\$299.39
Employee + 2 or More	\$138.93	\$767.71	\$184.82	\$721.82	\$227.60	\$679.04	\$276.18	\$630.46	\$299.39

	Diamond				Bronze				Imputed Income
	Full Time		Part Time		Full Time		Part Time		
	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	
Standard HDHP									
Employee Only	\$38.17	\$298.85	\$57.96	\$279.06	\$109.23	\$227.79	\$130.46	\$206.56	
Employee + 1	\$100.38	\$536.03	\$138.55	\$497.86	\$196.46	\$439.95	\$237.42	\$398.99	\$299.39
Employee + 2 or More	\$158.35	\$748.29	\$210.66	\$695.98	\$259.41	\$647.23	\$314.78	\$591.86	\$299.39

	Diamond				Bronze				Imputed Income
	Full Time		Part Time		Full Time		Part Time		
	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	
TCHHN Primary Care Provider Core PPO									
Employee Only	\$71.94	\$283.70	\$99.24	\$256.40	\$135.76	\$219.88	\$166.38	\$189.26	
Employee + 1	\$155.05	\$515.44	\$204.05	\$466.44	\$244.23	\$426.26	\$297.47	\$373.02	\$314.85
Employee + 2 or More	\$236.92	\$717.97	\$307.00	\$647.89	\$332.08	\$622.81	\$407.95	\$546.94	\$314.85

	Diamond				Bronze				Imputed Income
	Full Time		Part Time		Full Time		Part Time		
	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	
Core PPO									
Employee Only	\$82.00	\$273.64	\$113.11	\$242.53	\$154.74	\$200.90	\$189.63	\$166.01	
Employee + 1	\$176.72	\$493.77	\$232.57	\$437.92	\$278.37	\$392.12	\$339.06	\$331.43	\$314.85
Employee + 2 or More	\$270.04	\$684.85	\$349.92	\$604.97	\$378.50	\$576.39	\$464.97	\$489.92	\$314.85

Diamond: premium level if employee completed Know Your Number (KYN) or was hired after 5/1/2021.

Bronze: premium level if employee did not complete Know Your Numbers (KYN).

Part Time: Total FTE 0.50 < 0.75 / **Full Time:** Total FTE 0.75 +

Imputed Income: if your Domestic Partner (DP) is covered under your medical plan provided by The Christ Hospital, the value of the benefit (including the portion TCHHN pays on behalf of your DP) must be included in your taxable income known as Imputed Income.