

**FORT COLLINS – LOVELAND WATER DISTRICT
SOUTH FORT COLLINS SANITATION DISTRICT**

**2022 SUMMARY OF BENEFIT COSTS
Plan year December 1, 2021 to November 30, 2022**

Benefit	Coverage	Total Cost	Employee Monthly Cost	Employee Bi-Weekly Cost
Health Insurance				
Anthem BC/BS – PPO \$3,500 option	Employee	705.57	n/a	n/a
	Employee + spouse	1,411.14	50.00	23.01
	Employee + children	1,305.30	50.00	23.01
	Family	2,010.87	100.00	46.15
Anthem BC/BS – PPO \$1,500 option	Employee	895.01	189.44	87.43
	Employee + spouse	1,790.02	428.88	197.94
	Employee + children	1,655.77	400.47	184.83
	Family	2,550.78	639.91	295.34
Anthem BC/BS – Health Savings Account option	Employee	649.90	n/a	n/a
	Employee + spouse	1,299.80	n/a	n/a
	Employee + children	1,202.32	n/a	n/a
	Family	1,852.22	n/a	n/a
Dental Insurance				
Alpha Dental	Employee	12.75	12.75	5.88
	Employee + 1	22.75	22.75	10.50
	Employee + 2 or more	32.75	32.75	15.11
Companion	Employee	38.28	38.28	17.67
	Employee + spouse	76.55	76.55	35.33
	Employee + child(ren)	95.01	95.01	43.85
	Employee + family	139.89	139.89	64.56
Vision				
VSP Vision	Employee	11.90	11.90	5.49
	Employee + 1	17.70	17.70	8.17
	Employee + family	29.90	29.90	13.80
Flex Spend Reimbursement				
Medical	Maximum - \$2,750			105.76
Childcare	Maximum - \$5,000			192.30
Health Savings Account – employer contributions – see benefit book for details on the \$3 to \$1 match. Contributions are subject to IRS annual limitations.				