

So Cal Dental Partners

2022 Employee Contribution Breakdown USAvision

FULL MONTHLY PREMIUM

Deluxe Plan

Employee Only	\$12.48
Employee & Spouse	\$21.74
Employee & Child(ren)	\$22.74
Family	\$38.24

EMPLOYER MONTHLY CONTRIBUTION

0 - 3 Years*	\$7.49
4 - 5 Years*	\$8.74
6 - 10 Years*	\$9.98
11 Years* +	\$12.48

EMPLOYEE PER PAYCHECK CONTRIBUTION - VISION

	<u>0 - 3 Years*</u>	<u>4 - 5 Years*</u>	<u>6 - 10 Years*</u>	<u>11 Years +</u>
Employee Only	\$2.50	\$1.87	\$1.25	\$0.00
Employee & Spouse	\$7.13	\$6.50	\$5.88	\$4.63
Employee & Child(ren)	\$7.63	\$7.00	\$6.38	\$5.13
Family	\$15.38	\$14.75	\$14.13	\$12.88

* Eligibility for next tier is effective upon completion of prior tier (in years)

