

2022 Aetna Health Rates

Health Reimbursement Account (HRA) Plan

Plan Type	Monthly Premium	Employer Contribution (Per Month)	Employee Contribution (Per Month)	Employee Contribution (Per Pay)	Retiree	COBRA
Employee Only	\$896.51	\$896.51	\$0.00	\$0.00	\$896.51	\$914.44
Employee & Spouse/DP	\$1,661.19	\$896.51	\$764.68	\$382.34	\$1,661.19	\$1,694.41
Employee & Child(ren)	\$1,545.59	\$896.51	\$649.08	\$324.54	\$1,545.59	\$1,576.50
Employee & Family	\$1,910.30	\$896.51	\$1,013.79	\$506.90	\$1,910.30	\$1,948.51
Dual	-	\$1,793.02	\$117.28	\$58.64	-	-

Point of Service (POS) Plan

Plan Type	Monthly Premium	Employer Contribution (Per Month)	Employee Contribution (Per Month)	Employee Contribution (Per Pay)	Retiree	COBRA
Employee Only	\$1,303.88	\$896.51	\$407.37	\$203.69	\$1,303.88	\$1,329.96
Employee & Spouse/DP	\$2,417.85	\$896.51	\$1,521.34	\$760.67	\$1,113.97	\$2,466.21
Employee & Child(ren)	\$2,249.49	\$896.51	\$1,352.98	\$676.49	\$945.61	\$2,294.48
Employee & Family	\$2,780.58	\$896.51	\$1,884.07	\$942.04	\$1,476.70	\$2,836.19
Dual	-	\$1,793.02	\$987.56	\$493.78	-	-