

**BEACON HILL STAFFING GROUP, LLC
2022 Rates (period of 1/1/2022 to 12/31/2022)
BLUE CROSS BLUE SHIELD
TEMPORARY EMPLOYEES**

**PPO - High Deductible Health Plan (HDHP)
(\$2,500 Single Deductible / \$5,000 EE+1 and Family Deductible)**

	Employee Weekly Deduction	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost	Employee Annual Cost	Employer Annual Cost	Total Annual Cost
Employee:	\$13.73	59.50	560.24	619.74	713.94	6,722.94	7,436.88
Employee Plus One:	\$141.01	611.05	628.40	1,239.45	7,332.59	7,540.81	14,873.40
Family:	\$249.60	1,081.61	724.09	1,805.70	12,979.37	8,689.03	21,668.40

**PPO - Deductible Plan
(\$2k Single Deductible / \$4k EE+1 and Family Deductible)**

	Employee Weekly Deduction	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost	Employee Annual Cost	Employer Annual Cost	Total Annual Cost
Employee:	\$21.61	93.64	565.82	659.46	1,123.72	6,789.80	7,913.52
Employee Plus One:	\$154.01	667.38	651.55	1,318.93	8,008.54	7,818.62	15,827.16
Family:	\$274.92	1,191.32	730.16	1,921.48	14,295.81	8,761.95	23,057.76

Blue Cross Blue Shield Dental Insurance

	Employee Weekly Deduction	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost	Employee Annual Cost	Employer Annual Cost	Total Annual Cost
Employee:	\$10.14	43.92	-	43.92	572.04	-	527.04
Employee Plus One:	\$20.58	89.16	-	89.16	1,069.92	-	1,069.92
Employee Plus Family:	\$36.45	157.93	-	157.93	1,895.16	-	1,895.16

Vision Insurance

	Employee Weekly Deduction	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost	Employee Annual Cost	Employer Annual Cost	Total Annual Cost
Employee:	\$1.66	7.20	-	7.20	86.40	-	86.40
Employee Plus Family:	\$4.24	18.36	-	18.36	220.32	-	220.32