

**SMITHSONIAN ASTROPHYSICAL OBSERVATORY
2022 TRUST FUND HEALTH PREMIUMS**

2022 PLAN	Full Monthly Premium	Biweekly Employer Contribution	Biweekly Employee P/R Deduction
CareFirst BC/BS PPO (861/863/862)			
Individual	\$846.20	\$292.92	\$97.64
Dual	\$1,692.41	\$492.10	\$289.01
Family	\$2,673.99	\$777.51	\$456.64
HPHC HMO (241/243/242)			
Individual	\$1,149.57	\$397.93	\$132.64
Dual	\$2,299.16	\$668.52	\$392.63
Family	\$3,382.04	\$983.39	\$577.55
Delta Dental w/POS (881/883/882)			
Individual	\$44.47	\$15.39	\$5.13
Dual	\$86.38	\$29.90	\$9.97
Family	\$129.58	\$44.86	\$14.95
Vision Services Plan (891, 892, 893, 894)			
Individual	\$7.84	N/A	\$3.62
EE + Spouse	\$12.19	N/A	\$5.63
EE + Children	\$12.43	N/A	\$5.74
Family	\$20.05	N/A	\$9.25