

These charts list the amounts that you will pay for benefits coverage beginning January 1, 2022.

## Medical Coverage (Pre-Tax; Monthly)

Coverage	Blue Shield PPO Saver/ HSA Plan	Blue Shield PPO Super Saver/ HSA Plan	Blue Shield HMO Plan	Blue Shield Trio HMO Plan	Kaiser HMO	Kaiser Deductible HMO
Team Member Only	\$170	\$100	\$175	\$100	\$175	\$130
Team Member + Spouse/ Domestic Partner	\$405	\$290	\$435	\$290	\$435	\$360
Team Member + Child(ren)	\$360	\$255	\$385	\$255	\$385	\$315
Family*	\$860	\$590	\$770	\$590	\$770	\$670

## Dental Coverage (Pre-Tax; Monthly)

Coverage	DeltaCare USA DHMO	Delta Dental PPO
Team Member Only	\$0	\$15
Team Member + Spouse/ Domestic Partner	\$17	\$60
Team Member + Child(ren)	\$15	\$50
Family*	\$32	\$105

## Vision Coverage (Pre-Tax; Monthly)

Coverage	VSP Base	VSP Premier
Team Member Only	\$6	\$9
Team Member + Spouse/ Domestic Partner	\$15	\$22
Team Member + Child(ren)	\$13	\$20
Family*	\$21	\$30

\* Family coverage includes Team Member, Spouse/Domestic Partner, and Child/Children.

**Open Enrollment: November 8 – 19, 2021**

**Need assistance?**

[mybenefits@mercuryinsurance.com](mailto:mybenefits@mercuryinsurance.com)

[mymercurybenefits.com](http://mymercurybenefits.com)

Benefits Hotline: 877-716-6372 #3