

# 2022 PLAN RATES

Texas  
Georgia  
Illinois  
Florida

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 No-Deductible Plan
Team Member Only	\$170	\$100	\$180
Team Member + Spouse/ Domestic Partner	\$405	\$290	\$450
Team Member + Child(ren)	\$360	\$255	\$400
Family*	\$860	\$590	\$800

## 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?**

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Benefits Hotline: 877-716-6372 #3

