

2021-22 RATE SCHEDULE (10 MONTH RATES)

COMPANY	COVERAGE TYPE	10 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Capital Health Plan	Single	\$809.64	\$161.93	\$647.71
	2 person	\$1,619.28	\$388.63	\$1,230.65
	family	\$2,186.03	\$615.33	\$1,570.70
	family/2 employees	\$2,186.03	\$323.86	\$1,862.17
	overage dependent	\$890.60	\$890.60	
CHP- MVP	Single	\$604.51	\$30.23	\$574.28
	2 person	\$1,209.02	\$241.80	\$967.22
	family	\$1,632.18	\$326.44	\$1,305.74
	family/2 employees	\$1,632.18	\$60.45	\$1,571.73
	overage dependent	\$664.96	\$664.96	