



2021-22 RATE SCHEDULE (12 MONTH RATES)

COMPANY	COVERAGE TYPE	12 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Capital Health Plan	Single	\$674.70	\$134.94	\$539.76
	2 person	\$1,349.40	\$323.86	\$1,025.54
	family	\$1,821.69	\$512.77	\$1,308.92
	family/2 employees	\$1,821.69	\$269.88	\$1,551.81
	coverage dependent	\$742.17	\$742.17	\$0.00
CHP- MVP	Single	\$503.76	\$25.19	\$478.57
	2 person	\$1,007.52	\$201.50	\$806.01
	family	\$1,360.15	\$272.03	\$1,088.12
	family/2 employees	\$1,360.15	\$50.38	\$1,309.77
	coverage dependent	\$554.13	\$554.13	\$0.00