

2022 Medical, Dental, Vision, Cobra Premiums Regular Associates

Medical							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Monthly Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
PPO							
Associate Only	\$697.00	\$230.00	\$467.00	\$348.50	\$115.00	\$233.50	\$710.94
Associate + Spouse	\$1,365.00	\$461.00	\$904.00	\$682.50	\$230.50	\$452.00	\$1,392.30
Associate + Child(ren)	\$1,233.00	\$413.00	\$820.00	\$616.50	\$206.50	\$410.00	\$1,257.66
Family	\$1,900.00	\$639.00	\$1,261.00	\$950.00	\$319.50	\$630.50	\$1,938.00
HD Standard Plan							
Associate Only	\$624.00	\$157.00	\$467.00	\$312.00	\$78.50	\$233.50	\$602.82
Associate + Spouse	\$1,220.00	\$316.00	\$904.00	\$610.00	\$158.00	\$452.00	\$1,201.56
Associate + Child(ren)	\$1,105.00	\$285.00	\$820.00	\$552.50	\$142.50	\$410.00	\$1,084.26
Family	\$1,699.00	\$438.00	\$1,261.00	\$849.50	\$219.00	\$630.50	\$1,690.14
HD Value Plan							
Associate Only	\$568.00	\$101.00	\$467.00	\$284.00	\$50.50	\$233.50	\$545.70
Associate + Spouse	\$1,115.00	\$211.00	\$904.00	\$557.50	\$105.50	\$452.00	\$1,094.46
Associate + Child(ren)	\$1,007.00	\$187.00	\$820.00	\$503.50	\$93.50	\$410.00	\$984.30
Family	\$1,551.00	\$290.00	\$1,261.00	\$775.50	\$145.00	\$630.50	\$1,539.18

- \$75 monthly (\$37.50 per paycheck) Tobacco Surcharge will apply if associate is a tobacco user.
- \$100 monthly (\$50 per paycheck) Spousal Surcharge will apply if spouse/domestic partner (DP) is eligible for medical coverage through his/her employer and is enrolled in an H&R Block medical plan.

Dental							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Monthly Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
Enhanced							
Associate Only	\$40.00	\$20.50	\$19.50	\$20.00	\$10.25	\$9.75	\$40.80
Associate + Spouse	\$84.00	\$45.50	\$38.50	\$42.00	\$22.75	\$19.25	\$85.68
Associate + Child(ren)	\$78.00	\$42.50	\$35.50	\$39.00	\$21.25	\$17.75	\$79.56
Family	\$120.00	\$66.50	\$53.50	\$60.00	\$33.25	\$26.75	\$122.40
Basic							
Associate Only	\$35.00	\$15.50	\$19.50	\$17.50	\$7.75	\$9.75	\$35.70
Associate + Spouse	\$74.00	\$35.50	\$38.50	\$37.00	\$17.75	\$19.25	\$75.48
Associate + Child(ren)	\$68.00	\$32.50	\$35.50	\$34.00	\$16.25	\$17.75	\$69.36
Family	\$105.00	\$51.50	\$53.50	\$52.50	\$25.75	\$26.75	\$107.10

Vision							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Monthly Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
Associate Only	\$9.00	\$4.50	\$4.50	\$4.50	\$2.25	\$2.25	\$9.18
Associate + Spouse	\$15.00	\$7.50	\$7.50	\$7.50	\$3.75	\$3.75	\$15.30
Associate + Child(ren)	\$14.00	\$7.00	\$7.00	\$7.00	\$3.50	\$3.50	\$14.28
Family	\$23.00	\$11.50	\$11.50	\$11.50	\$5.75	\$5.75	\$23.46

2022 Medical, Dental, Vision & Cobra Premiums Hawaii Associates

Medical							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
Kaiser Plan							
Associate Only	\$697.29	\$174.32	\$522.97	\$348.65	\$87.16	\$261.49	\$711.24
Associate + Spouse/DP	\$1,394.58	\$348.65	\$1,045.93	\$697.29	\$174.33	\$522.97	\$1,422.47
Associate + Child(ren)	\$1,255.13	\$313.78	\$941.35	\$627.57	\$156.89	\$470.68	\$1,280.23
Family	\$2,091.88	\$522.97	\$1,568.91	\$1,045.94	\$261.49	\$784.46	\$2,133.72

- \$100 monthly (\$50 per paycheck) Spousal Surcharge will apply if spouse/domestic partner (DP) is eligible for medical coverage through his/her employer and is enrolled in an H&R Block medical plan.

Dental							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Monthly Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
Enhanced							
Associate Only	\$40.00	\$20.50	\$19.50	\$20.00	\$10.25	\$9.75	\$40.80
Associate + Spouse	\$84.00	\$45.50	\$38.50	\$42.00	\$22.75	\$19.25	\$85.68
Associate + Child(ren)	\$78.00	\$42.50	\$35.50	\$39.00	\$21.25	\$17.75	\$79.56
Family	\$120.00	\$66.50	\$53.50	\$60.00	\$33.25	\$26.75	\$122.40
Basic							
Associate Only	\$35.00	\$15.50	\$19.50	\$17.50	\$7.75	\$9.75	\$35.70
Associate + Spouse	\$74.00	\$35.50	\$38.50	\$37.00	\$17.75	\$19.25	\$75.48
Associate + Child(ren)	\$68.00	\$32.50	\$35.50	\$34.00	\$16.25	\$17.75	\$69.36
Family	\$105.00	\$51.50	\$53.50	\$52.50	\$25.75	\$26.75	\$107.10

Vision							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Monthly Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
Associate Only	\$9.00	\$4.50	\$4.50	\$4.50	\$2.25	\$2.25	\$9.18
Associate + Spouse	\$15.00	\$7.50	\$7.50	\$7.50	\$3.75	\$3.75	\$15.30
Associate + Child(ren)	\$14.00	\$7.00	\$7.00	\$7.00	\$3.50	\$3.50	\$14.28
Family	\$23.00	\$11.50	\$11.50	\$11.50	\$5.75	\$5.75	\$23.46