

Health Insurance Rates Effective January 1, 2019

Insurance	Coverage	Bi-Weekly		Monthly		Total Premium	
		Your Cost	SETA Cost	Your Cost	SETA Cost		
Kaiser HMO	Single - Employee Only	\$119.94	\$272.50	\$239.88	\$545.00	\$784.88	
	Family - Employee w/dependent	\$553.56	\$450.00	\$1,107.12	\$900.00	\$2,007.12	
Western Health Advantage HMO	Single - Employee Only	\$94.96	\$272.50	\$189.92	\$545.00	\$734.92	
	Family - Employee w/dependent	\$490.75	\$450.00	\$981.50	\$900.00	\$1,881.50	
Sutter Health Plus HMO	Single - Employee Only	\$110.29	\$272.50	\$220.58	\$545.00	\$765.58	
	Family - Employee w/dependent	\$528.61	\$450.00	\$1,057.22	\$900.00	\$1,957.22	
Kaiser High Deductible	Single - Employee Only	\$34.19	\$272.50	\$68.38	\$545.00	\$613.38	
	Family - Employee w/dependent	\$334.26	\$450.00	\$668.52	\$900.00	\$1,568.52	
Western Health High Deductible	Single - Employee Only	\$7.05	\$272.50	\$14.10	\$545.00	\$559.10	
	Family - Employee w/dependent	\$265.65	\$450.00	\$531.30	\$900.00	\$1,431.30	
Sutter Health High Deductible	Single - Employee Only	\$8.82	\$272.50	\$17.64	\$545.00	\$562.64	
	Family - Employee w/dependent	\$269.31	\$450.00	\$538.62	\$900.00	\$1,438.62	
(Optional) Vision Coverage for EE's with High Deductible Plans, Kaiser HMO who want additional vision coverage, or Waived Medical							
Vision Service Plan	Single - EE Cost	\$2.60	\$0.00	\$5.20	\$0.00	\$5.20	
	Family - EE Cost	\$6.65	\$0.00	\$13.30	\$0.00	\$13.30	
Dental Insurance							
Delta Dental	Single & Family Coverage	\$0.00	\$59.25	\$0.00	\$118.50	\$118.50	
Insurance Subsidy							
Insurance Subsidy	Amount Received When Medical Coverage Is Waived:					Monthly	\$100.00