

## Health Insurance Rates Effective January 1, 2021

Insurance	Coverage	Bi-Weekly		Monthly		Total Premium
		Your Cost	SETA Cost	Your Cost	SETA Cost	
Kaiser HMO	Single - Employee Only	\$167.28	\$272.50	\$334.56	\$545.00	\$879.56
	Family - Employee w/dependent	\$674.60	\$450.00	\$1,349.20	\$900.00	\$2,249.20
Western Health Advantage HMO	Single - Employee Only	\$122.66	\$272.50	\$245.32	\$545.00	\$790.32
	Family - Employee w/dependent	\$561.65	\$450.00	\$1,123.30	\$900.00	\$2,023.30
Sutter Health Plus HMO	Single - Employee Only	\$144.41	\$272.50	\$288.82	\$545.00	\$833.82
	Family - Employee w/dependent	\$615.80	\$450.00	\$1,231.60	\$900.00	\$2,131.60
Kaiser High Deductible	Single - Employee Only	\$60.62	\$272.50	\$121.24	\$545.00	\$666.24
	Family - Employee w/dependent	\$401.85	\$450.00	\$803.70	\$900.00	\$1,703.70
Western Health High Deductible	Single - Employee Only	\$29.15	\$272.50	\$58.30	\$545.00	\$603.30
	Family - Employee w/dependent	\$322.26	\$450.00	\$644.52	\$900.00	\$1,544.52
Sutter Health High Deductible	Single - Employee Only	\$33.95	\$272.50	\$67.90	\$545.00	\$612.90
	Family - Employee w/dependent	\$334.45	\$450.00	\$668.90	\$900.00	\$1,568.90
<b>Optional Vision Coverage for EE's with High Deductible Plans, Kaiser HMO who want additional vision coverage, or Waived Medical</b>						
Vision Service Plan	Single - EE Cost	\$2.71	\$0.00	\$5.42	\$0.00	\$5.42
	Family - EE Cost	\$6.95	\$0.00	\$13.90	\$0.00	\$13.90
<b>Dental Insurance</b>						
Delta Dental	Single & Family Coverage	\$0.00	\$59.25	\$0.00	\$118.50	\$118.50