

Health Insurance Rates Effective January 1, 2017

Insurance	Coverage	Bi-Weekly		Monthly		Total Premium
		Your Cost	SETA Cost	Your Cost	SETA Cost	
Kaiser HMO	Single - Employee Only	112.85	247.50	225.70	495.00	720.70
	Family - Employee w/dependent	531.52	390.00	1,063.04	780.00	1,843.04
Western Health Advantage HMO	Single - Employee Only	107.30	247.50	214.60	495.00	709.60
	Family - Employee w/dependent	518.30	390.00	1,036.60	780.00	1,816.60
Sutter Health Plus HMO	Single - Employee Only	99.06	247.50	198.12	495.00	693.12
	Family - Employee w/dependent	496.39	390.00	992.78	780.00	1,772.78
Kaiser High Deductible	Single - Employee Only	34.08	247.50	68.16	495.00	563.16
	Family - Employee w/dependent	330.10	390.00	660.20	780.00	1,440.20
Western Health High Deductible	Single - Employee Only	22.40	247.50	44.80	495.00	539.80
	Family - Employee w/dependent	300.90	390.00	601.80	780.00	1,381.80
Sutter Health High Deductible	Single - Employee Only	6.76	247.50	13.52	495.00	508.52
	Family - Employee w/dependent	260.22	390.00	520.44	780.00	1,300.44
(Optional) Vision Coverage for EE's with High Deductible Plans 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	62.51	0.00	125.01	125.01
Insurance Subsidy						Monthly
Insurance Subsidy	Amount Received When Medical Coverage Is Waived:					\$100.00