

Health Insurance Rates Effective August 1, 2023

Insurance	Coverage	Bi-Weekly		Monthly		Total Premium
		Your Cost	SETA Cost	Your Cost	SETA Cost	
Kaiser HMO	Single - Employee Only	\$152.75	\$342.50	\$305.50	\$685.00	\$990.50
	Family - Employee w/dependent	\$526.45	\$740.00	\$1,052.90	\$1,480.00	\$2,532.90
Western Health Advantage HMO	Single - Employee Only	\$69.88	\$342.50	\$139.76	\$685.00	\$824.76
	Family - Employee w/dependent	\$315.71	\$740.00	\$631.42	\$1,480.00	\$2,111.42
Sutter Health Plus HMO	Single - Employee Only	\$112.43	\$342.50	\$224.86	\$685.00	\$909.86
	Family - Employee w/dependent	\$424.11	\$740.00	\$848.22	\$1,480.00	\$2,328.22
Kaiser High Deductible	Single - Employee Only	\$14.03	\$342.50	\$28.06	\$685.00	\$713.06
	Family - Employee w/dependent	\$171.72	\$740.00	\$343.44	\$1,480.00	\$1,823.44
Western Health High Deductible	Single - Employee Only	\$0.00	\$315.00	\$0.00	\$630.00	\$630.00
	Family - Employee w/dependent	\$66.40	\$740.00	\$132.80	\$1,480.00	\$1,612.80
Sutter Health High Deductible	Single - Employee Only	\$0.00	\$335.00	\$0.00	\$670.00	\$670.00
	Family - Employee w/dependent	\$117.60	\$740.00	\$235.20	\$1,480.00	\$1,715.20
(Optional) Vision Coverage for EE's with High Deductible Plans or Waived Medical						
Vision Service Plan	Single - EE Cost	\$2.58	\$0.00	\$5.16	\$0.00	\$5.16
	Family - EE Cost	\$6.61	\$0.00	\$13.22	\$0.00	\$13.22
Dental Insurance						
Delta Dental	Single & Family Coverage	\$0.00	\$59.25	\$0.00	\$118.50	