

Health Benefits -Employee Cost Share

| | Health Benefits-Employee Share 10/2017-6/2018 | | Health Benefits-Employee Share 7/2018-6/2019 | |
|---|--|-----------------------------|---|-----------------------------|
| | Monthly Premium | Employee Monthly Cost Share | Monthly Premium | Employee Monthly Cost Share |
| Kaiser Traditional Plan | | | | |
| Kaiser HMO (20%) | 10/2017-6/2018 | 10/2017-6/2018 | 7/2018-6/2019 | 7/2018-6/2019 |
| Employee Only | \$555.60 | \$55.56 | \$570.55 | \$114.11 |
| Employee + Spouse | \$1,333.82 | \$133.38 | \$1,369.65 | \$273.93 |
| Employee + Children | \$972.61 | \$97.26 | \$998.72 | \$199.74 |
| Family | \$1,695.15 | \$169.52 | \$1,740.65 | \$348.13 |
| Kaiser Deductible HMO Plan | | | | |
| Kaiser DHMO 1000 (10%) | 10/2017-6/2018 | 10/2017-6/2018 | 7/2018-6/2019 | 7/2018-6/2019 |
| Employee Only | | | \$510.03 | \$51.00 |
| Employee + Spouse | | | \$1,224.46 | \$122.45 |
| Employee + Children | | | \$892.85 | \$89.29 |
| Family | | | \$1,556.14 | \$155.61 |
| SHP Summit ML30 HMO | | | | |
| SutterHealthPlus HMO (20%) | 10/2017-6/2018 | 10/2017-6/2018 | 7/2018-6/2019 | 7/2018-6/2019 |
| Employee Only | \$554.70 | \$55.47 | \$599.20 | \$119.84 |
| Employee + Spouse | \$1,330.57 | \$133.06 | \$1,437.52 | \$287.50 |
| Employee + Children | \$971.80 | \$97.18 | \$1,049.80 | \$209.96 |
| Family | \$1,692.10 | \$169.21 | \$1,827.99 | \$365.60 |
| SHP Peak ML21 HMO | | | | |
| SutterHealthPlus DHMO 1000 (10%) | 10/2017-6/2018 | 10/2017-6/2018 | 7/2018-6/2019 | 7/2018-6/2019 |
| Employee Only | | | \$503.37 | \$100.67 |
| Employee + Spouse | | | \$1,207.44 | \$241.49 |
| Employee + Children | | | \$882.03 | \$176.41 |
| Family | | | \$1,535.59 | \$307.12 |
| Delta Dental | | | | |
| Delta Dental (20%) | 10/2017-6/2018 | 10/2017-6/2018 | 7/2018-6/2019 | 7/2018-6/2019 |
| Employee Only | \$66.60 | \$6.66 | \$66.60 | \$13.32 |
| Employee + 1 dependent | \$123.50 | \$12.35 | \$123.50 | \$24.70 |
| Employee + 2 or more dependents | \$177.40 | \$17.74 | \$177.40 | \$35.48 |
| VSP Vision Care | | | | |
| VSP (20%) | 10/2017-6/2018 | 10/2017-6/2018 | 7/2018-6/2019 | 7/2018-6/2019 |
| Member Only | \$10.37 | \$1.04 | \$11.03 | \$2.21 |
| Member + 1 | \$22.12 | \$2.21 | \$23.53 | \$4.71 |
| Member + Child(ren) | \$22.58 | \$2.26 | \$24.02 | \$4.80 |
| Family | \$36.40 | \$3.64 | \$38.73 | \$7.75 |