2018 Medical and Dental Premium Share Rates

with Wellness Reward Incentive

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Aetna Deductible Plan					
Employee Only	$ 38.76	$ 19.38	$ 736.34	$ 368.17	$ 775.10
Employee & Spouse/Partner	230.22	115.11	1,304.48	652.24	1,534.70
Employee & Child(ren)	203.46	101.73	1,152.97	576.49	1,356.43
Couple & Child(ren)	317.40	158.70	1,798.63	899.32	2,116.03
Aetna High Deductible Health Plan*					
Employee Only	$ 0.00	$ 0.00	$ 673.09	$ 336.55	$ 673.09
Employee & Spouse/Partner	66.64	33.32	1,266.07	633.04	1,332.71
Employee & Child(ren)	58.90	29.45	1,119.01	559.51	1,177.91
Couple & Child(ren)	91.88	45.94	1,745.65	872.83	1,837.53
Kaiser Permanente Medical HMO					
Employee Only	$ 29.66	$ 14.83	$ 563.37	$ 281.69	$ 593.03
Employee & Spouse/Partner	177.08	88.54	1,003.43	501.72	1,180.51
Employee & Child(ren)	165.64	82.82	938.64	469.32	1,104.28
Couple & Child(ren)	254.88	127.44	1,444.29	722.15	1,699.17

*HDHP members who complete the annual Wellness Program receive a $500 (employee only coverage) or $1,000 (employee & family coverage) HSA contribution.

2018 Medical and Dental Premium Share Rates

without Wellness Reward Incentive

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Aetna Deductible Plan					
Employee Only	$ 116.28	$ 58.14	$ 658.82	$ 329.41	$ 775.10
Employee & Spouse/Partner	368.34	184.17	1,166.36	583.18	1,534.70
Employee & Child(ren)	325.56	162.78	1,030.87	515.44	1,356.43
Couple & Child(ren)	507.86	253.93	1,608.17	804.09	2,116.03
Aetna High Deductible Health Plan					
Employee Only	$ 0.00	$ 0.00	$ 673.09	$ 336.55	$ 673.09
Employee & Spouse/Partner	66.64	33.32	1,266.07	633.04	1,332.71
Employee & Child(ren)	58.90	29.45	1,119.01	559.51	1,177.91
Couple & Child(ren)	91.88	45.94	1,745.65	872.83	1,837.53
Kaiser Permanente Medical HMO					
Employee Only	$ 88.96	$ 44.48	$ 504.07	$ 252.04	$ 593.03
Employee & Spouse/Partner	283.32	141.66	897.19	448.60	1,180.51
Employee & Child(ren)	265.04	132.52	839.24	419.62	1,104.28
Couple & Child(ren)	407.80	203.90	1,291.37	645.69	1,699.17

2018 Medical and Dental Premium Share Rates

Dental Rates

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Delta Dental					
Employee Only	$ 1.00	$ 0.50	$ 60.60	$ 30.30	$ 61.60
Employee & Spouse/Partner	9.24	4.62	113.96	56.98	123.20
Employee & Child(ren)	7.85	3.93	96.87	48.44	104.72
Couple & Child(ren)	12.71	6.36	156.70	78.35	169.41