EMPLOYEE CONTRIBUTION 2018 HEALTH CARE PREMIUM

BASED ON NEW DISTRICT CONTRIBUTION (80% OF 2018 KAISER PREMIUM)

| | Single Party | Employee + 1 | Family (3 or more) |
|---|--------------|-------------------|--------------------|
| District Contribution | \$624.00 | \$1,248.00 | \$1,623.00 |
| Anthem HMO Select Premium | \$856.41 | \$1,712.82 | \$2,226.67 |
| Employee Share: | Ç030.41 | V1,7 12.02 | Ψ2,220.07 |
| Monthly deduction based on 11 paychecks | \$253.54 | \$507.08 | \$658.55 |
| Monthly deduction based on 12 paychecks | \$232.41 | \$464.82 | \$603.67 |
| Anthem HMO Traditional Premium | \$925.47 | \$1,850.94 | \$2,406.22 |
| Employee Share: | | | |
| Monthly deduction based on 11 paychecks | \$328.88 | \$657.75 | \$854.42 |
| Monthly deduction based on 12 paychecks | \$301.47 | \$602.94 | \$783.22 |
| Western Health Advantage (NEW PLAN) | \$792.56 | \$1,585.12 | \$2,060.66 |
| Employee Share: | | | |
| Monthly deduction based on 11 paychecks | \$183.88 | \$367.77 | \$477.45 |
| Monthly deduction based on 12 paychecks | \$168.56 | \$337.12 | \$437.66 |
| Blue Shield HMO Premium | \$889.02 | \$1,778.04 | \$2,311.45 |
| Employee Share: | | | |
| Monthly deduction based on 11 paychecks | \$289.11 | \$578.23 | \$751.04 |
| Monthly deduction based on 12 paychecks | \$265.02 | \$530.04 | \$688.45 |
| HealthNet SmartCare HMO Premium | \$863.48 | \$1,726.96 | \$2,245.05 |
| Employee Share: | | | |
| Monthly deduction based on 11 paychecks | \$261.25 | \$522.50 | \$678.60 |
| Monthly deduction based on 12 paychecks | \$239.48 | \$478.96 | \$622.05 |
| Kaiser Permanente | \$779.86 | \$1,559.72 | \$2,027.64 |
| Employee Share: | | | |
| Monthly deduction based on 11 paychecks | \$170.03 | \$340.06 | \$441.43 |
| Monthly deduction based on 12 paychecks | \$155.86 | \$311.72 | \$404.64 |
| PERS Select PPO Premium | \$717.50 | \$1,435.00 | \$1,865.50 |
| Employee Share: | | | |
| Monthly deduction based on 11 paychecks | \$102.00 | \$204.00 | \$264.55 |
| Monthly deduction based on 12 paychecks | \$93.50 | \$187.00 | \$242.50 |
| PERS Choice PPO Premium | \$800.27 | \$1,600.54 | \$2,080.70 |
| Employee Share: | | | |
| Monthly deduction based on 11 paychecks | \$192.29 | \$384.59 | \$499.31 |
| Monthly deduction based on 12 paychecks | \$176.27 | \$352.54 | \$457.70 |
| PERS Care PPO Premium | \$882.45 | \$1,764.90 | \$2,294.37 |
| Employee Share: | | | |
| Monthly deduction based on 11 paychecks | \$281.95 | \$563.89 | \$732.40 |
| Monthly deduction based on 12 paychecks | \$258.45 | \$516.90 | \$671.37 |
| Unitedhealthcare HMO Premium | \$1,371.84 | \$2,743.68 | \$3,566.78 |
| Employee Share: | | | |
| Monthly deduction based on 11 paychecks | \$815.83 | \$1,631.65 | \$2,120.49 |
| Monthly deduction based on 12 paychecks | \$747.84 | \$1,495.68 | \$1,943.78 |

¹¹ Month Employees: These rates are based on employees NOT changing health plans during open enrollment. If you change plans effective 1/1/18 your rates will vary from the rates indicated above.