

RATES FOR FULL-TIME EMPLOYEES

Kaiser Permanente POS Plan – Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,551.13	\$683.00	\$868.13	\$434.07
Employee + 1	\$2,796.27	\$1,240.00	\$1,556.27	\$778.14
Employee + Family	\$3,759.79	\$1,652.00	\$2,107.79	\$1,053.90
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,590.06	\$683.00	\$907.06	\$453.53
Employee + 1	\$2,875.54	\$1,240.00	\$1,635.54	\$817.77
Employee + Family	\$3,829.43	\$1,652.00	\$2,177.43	\$1,088.72

Kaiser HDHP HSA Plan – Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$656.68	\$683.00	\$0.00	\$0.00
Employee + 1	\$1,186.15	\$1,240.00	\$0.00	\$0.00
Employee + Family	\$1,613.11	\$1,652.00	\$0.00	\$0.00
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$695.61	\$683.00	\$12.61	\$6.31
Employee + 1	\$1,265.42	\$1,240.00	\$25.42	\$12.71
Employee + Family	\$1,682.75	\$1,652.00	\$30.75	\$15.38

Kaiser HMO Plan- Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$739.09	\$683.00	\$56.09	\$28.05
Employee + 1	\$1,334.60	\$1,240.00	\$94.60	\$47.30
Employee + Family	\$1,810.89	\$1,652.00	\$158.89	\$79.45
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$778.02	\$683.00	\$95.02	\$47.51
Employee + 1	\$1,413.87	\$1,240.00	\$173.87	\$86.94
Employee + Family	\$1,880.53	\$1,652.00	\$228.53	\$114.27

Sutter Health Plus HDHP HSA Plan – Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$666.90	\$683.00	\$0.00	\$0.00
Employee + 1	\$1,204.59	\$1,240.00	\$0.00	\$0.00
Employee + Family	\$1,637.66	\$1,652.00	\$0.00	\$0.00
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$705.83	\$683.00	\$22.83	\$11.42
Employee + 1	\$1,283.86	\$1,240.00	\$43.86	\$21.93
Employee + Family	\$1,707.30	\$1,652.00	\$55.30	\$27.65

Sutter Health Plus HMO Plan – Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$749.50	\$683.00	\$66.50	\$33.25
Employee + 1	\$1,354.09	\$1,240.00	\$114.09	\$57.05
Employee + Family	\$1,837.96	\$1,652.00	\$185.96	\$92.98
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$788.43	\$683.00	\$105.43	\$52.72
Employee + 1	\$1,433.36	\$1,240.00	\$193.36	\$96.68
Employee + Family	\$1,907.60	\$1,652.00	\$255.60	\$127.80

Note: Employees are eligible to waive medical and enroll in dental and vision only, at no cost to the employee.