

## Proposed Monthly Premium Rates

| Provider   | Coverage Option | CY 2018    | CY 2019    | %Change | Est # of Employees (1/1/19) |
|--|-----------------|------------|------------|---------|-----------------------------|
| Blue Cross (PPO)   | Single          | \$1,277.89 | \$1,226.77 | -4.00%  | 228                         |
|  | Couple          | \$2,572.36 | \$2,469.47 | -4.00%  | 215                         |
|  | Family          | \$3,450.27 | \$3,312.26 | -4.00%  | 290                         |
| Blue Cross (HMO)   | Single          | \$795.45   | \$775.57   | -2.50%  | 90                          |
|  | Couple          | \$1,670.44 | \$1,628.68 | -2.50%  | 63                          |
|  | Family          | \$2,386.19 | \$2,326.53 | -2.50%  | 176                         |
| Kaiser (HMO)   | Single          | \$683.20   | \$671.35   | -1.74%  | 357                         |
|  | Couple          | \$1,366.41 | \$1,342.70 | -1.74%  | 256                         |
|  | Family          | \$1,933.47 | \$1,899.92 | -1.74%  | 447                         |
| Delta Dental (PPO)   | Single          | \$57.20    | \$53.02    | -7.30%  | 458                         |
|  | Couple          | \$99.41    | \$92.15    | -7.30%  | 572                         |
|  | Family          | \$149.37   | \$138.47   | -7.30%  | 708                         |
| DeltaCare (DHMO)   | Single          | \$20.21    | \$20.21    | 0.00%   | 101                         |
|  | Couple          | \$36.71    | \$36.71    | 0.00%   | 59                          |
|  | Family          | \$54.32    | \$54.32    | 0.00%   | 129                         |
| Dental Health Services (DHMO)  | Single          | \$16.82    | \$16.82    | 0.00%   | 71                          |
|  | Couple          | \$32.60    | \$32.60    | 0.00%   | 47                          |
|  | Family          | \$49.15    | \$49.15    | 0.00%   | 113                         |
| Vision Service Plan  | Single          | \$10.15    | \$10.15    | 0.00%   | 302                         |
|  | Couple          | \$14.68    | \$14.68    | 0.00%   | 298                         |
|  | Family          | \$26.30    | \$26.30    | 0.00%   | 481                         |
| Voluntary Waiver of Coverage:*                                       |                 |            |            |         |                             |
|  | Medical         | \$251.00   | \$244.00   |         | 166                         |
|  | Dental          | \$36.00    | \$35.00    |         | 93                          |
| * Waiver of Medical coverage requires proof of alternative coverage. |                 |            |            |         |                             |

