

**ATTACHMENT A**

## Proposed Monthly Premium Rates

<b>Provider</b>	<b>Coverage Option</b>	<b>CY 2015</b>	<b>CY 2016</b>	<b>%Change</b>	<b>Est # of Employees (1/1/16)</b>
Blue Cross (PPO)	Single	\$994.57	\$1,113.90	12.00%	225
	Couple	\$2,002.05	\$2,242.25	12.00%	217
	Family	\$2,685.32	\$3,007.50	12.00%	266
Blue Cross (HMO)	Single	\$694.83	\$746.93	7.50%	88
	Couple	\$1,459.14	\$1,568.54	7.50%	75
	Family	\$2084.35	\$2,240.64	7.50%	165
Kaiser (HMO)	Single	\$566.24	\$643.04	13.56%	274
	Couple	\$1,132.49	\$1,286.08	13.56%	223
	Family	\$1,602.47	\$1,819.80	13.56%	351
Delta Dental (PPO)	Single	\$57.20	\$57.20	0.00%	381
	Couple	\$99.41	\$99.41	0.00%	437
	Family	\$149.37	\$149.37	0.00%	600
DeltaCare (DHMO)	Single	\$20.21	\$20.21	0.00%	75
	Couple	\$36.71	\$36.71	0.00%	54
	Family	\$54.32	\$54.32	0.00%	108
Dental Health Services (DHMO)	Single	\$16.82	\$16.82	0.00%	59
	Couple	\$32.60	\$32.60	0.00%	48
	Family	\$49.15	\$49.15	0.00%	101
Vision Service Plan	Single	\$10.15	\$10.15	0.00%	283
	Couple	\$14.68	\$14.68	0.00%	312
	Family	\$26.30	\$26.30	0.00%	439
Voluntary Waiver of Coverage:*	Medical	\$209.00	\$230.00	11.0%	171
	Dental	\$30.00	\$33.00	11.0%	87

\* Waiver of Medical coverage requires proof of alternative coverage.