

## 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.					

