

Proposed Monthly Premium Rates

Provider	Coverage Option	CY 2016	CY 2017	%Change	Est # of Employees (1/1/17)
Blue Cross (PPO)	Single	\$1,113.90	\$1,186.53	6.52%	216
	Couple	\$2,242.25	\$2,388.45	6.52%	206
	Family	\$3,007.50	\$3,203.59	6.52%	278
Blue Cross (HMO)	Single	\$746.93	\$795.45	6.50%	84
	Couple	\$1,568.54	\$1,670.44	6.50%	74
	Family	\$2,240.64	\$2,386.19	6.50%	175
Kaiser (HMO)	Single	\$643.04	\$610.89	-5.0%	253
	Couple	\$1,286.08	\$1,221.78	-5.0%	222
	Family	\$1,819.80	\$1,728.81	-5.0%	385
Delta Dental (PPO)	Single	\$57.20	\$57.20	0.00%	383
	Couple	\$99.41	\$99.41	0.00%	432
	Family	\$149.37	\$149.37	0.00%	623
DeltaCare (DHMO)	Single	\$20.21	\$20.21	0.00%	75
	Couple	\$36.71	\$36.71	0.00%	51
	Family	\$54.32	\$54.32	0.00%	122
Dental Health Services (DHMO)	Single	\$16.82	\$16.82	0.00%	72
	Couple	\$32.60	\$32.60	0.00%	56
	Family	\$49.15	\$49.15	0.00%	110
Vision Service Plan	Single	\$10.15	\$10.15	0.00%	284
	Couple	\$14.68	\$14.68	0.00%	300
	Family	\$26.30	\$26.30	0.00%	459
Voluntary Waiver of Coverage:*					
	Medical	\$230.00	\$235.00	2.4%	155
	Dental	\$33.00	\$34.00	2.4%	94

* Waiver of Medical coverage requires proof of alternative coverage.