

Proposed Monthly Premium Rates

Provider	Coverage Option	CY 2017	CY 2018	%Change	Est # of Employees (1/1/18)
Blue Cross (PPO)	Single	\$1,186.53	\$1,277.89	7.70%	212
	Couple	\$2,388.45	\$2,572.36	7.70%	217
	Family	\$3,203.59	\$3,450.27	7.70%	280
Blue Cross (HMO)	Single	\$795.45	\$795.45	0.00%	87
	Couple	\$1,670.44	\$1,670.44	0.00%	68
	Family	\$2,386.19	\$2,386.19	0.00%	175
Kaiser (HMO)	Single	\$610.89	\$683.20	11.85%	309
	Couple	\$1,221.78	\$1,366.41	11.85%	231
	Family	\$1,728.81	\$1,933.47	11.85%	431
Delta Dental (PPO)	Single	\$57.20	\$57.20	0.00%	445
	Couple	\$99.41	\$99.41	0.00%	578
	Family	\$149.37	\$149.37	0.00%	676
DeltaCare (DHMO)	Single	\$20.21	\$20.21	0.00%	90
	Couple	\$36.71	\$36.71	0.00%	59
	Family	\$54.32	\$54.32	0.00%	131
Dental Health Services (DHMO)	Single	\$16.82	\$16.82	0.00%	80
	Couple	\$32.60	\$32.60	0.00%	64
	Family	\$49.15	\$49.15	0.00%	117
Vision Service Plan	Single	\$10.15	\$10.15	0.00%	325
	Couple	\$14.68	\$14.68	0.00%	396
	Family	\$26.30	\$26.30	0.00%	480
Voluntary Waiver of Coverage:*					
	Medical	\$235.00	\$251.00	6.8%	137
	Dental	\$34.00	\$36.00	6.8%	103
* Waiver of Medical coverage requires proof of alternative coverage.					