

DIOCESE OF SACRAMENTO
Group Benefit Plans Premium Rate Sheet
Rates Effective January 1, 2017

BLUE SHIELD MEDICAL - PPO HIGH	Monthly Premium	Employer Premium	Employee Premium	Continuation of Coverage Premium
Employee - only	\$854.49	\$769.04	\$85.45	\$871.58
Additional cost to add "1" Dependent	\$924.12	\$231.03	\$693.09	\$942.60
Additional cost to add Two (2) + Dependents	\$1,329.91	\$332.48	\$997.43	\$1,356.51
BLUE SHIELD MEDICAL - PPO LOW	Monthly Premium	Employer Premium	Employee Premium	Continuation of Coverage Premium
Employee - only	\$543.84	\$516.65	\$27.19	\$554.72
Additional cost to add "1" Dependent	\$567.32	\$141.83	\$425.49	\$578.67
Additional cost to add Two (2) + Dependents	\$823.80	\$205.95	\$617.85	\$840.28
KAISER HMO (All Except Charities)- HIGH	Monthly Premium	Employer Premium	Employee Premium	Continuation of Coverage Premium
Employee - only	\$610.84	\$549.76	\$61.08	\$623.06
Additional cost to add "1" Dependent	\$601.94	\$150.49	\$451.45	\$613.98
Additional cost to add Two (2) + Dependents	\$1,003.24	\$250.81	\$752.43	\$1,023.30
KAISER HMO (All Except Charities)- LOW	Monthly Premium	Employer Premium	Employee Premium	Continuation of Coverage Premium
Employee - only	\$507.46	\$482.09	\$25.37	\$517.61
Additional cost to add "1" Dependent	\$500.06	\$125.02	\$375.04	\$510.06
Additional cost to add Two (2) + Dependents	\$833.44	\$208.36	\$625.08	\$850.11
KAISER HMO (Charities) - HIGH	Monthly Premium	Employer Premium	Employee Premium	Continuation of Coverage Premium
Employee - only	\$651.08	\$585.97	\$65.11	\$664.10
Additional cost to add "1" Dependent	\$642.44	\$160.61	\$481.83	\$655.29
Additional cost to add Two (2) + Dependents	\$1,068.91	\$267.23	\$801.68	\$1,090.29
KAISER HMO (Charities) - LOW	Monthly Premium	Employer Premium	Employee Premium	Continuation of Coverage Premium
Employee - only	\$540.89	\$513.85	\$27.04	\$551.71
Additional cost to add "1" Dependent	\$533.71	\$133.43	\$400.28	\$544.38
Additional cost to add Two (2) + Dependents	\$888.00	\$222.00	\$666.00	\$905.76
VSP VISION	Monthly Premium	Employer Premium	Employee Premium	Continuation of Coverage Premium
Employee - only	\$4.56	\$4.10	\$0.46	\$4.65
Additional cost to add "1" Dependent	\$4.54	\$1.14	\$3.40	\$4.63
Additional cost to add Two (2) + Dependents	\$10.10	\$2.53	\$7.57	\$10.30
DELTA DENTAL - HIGH	Monthly Premium	Employer Premium	Employee Premium	Continuation of Coverage Premium
Employee - only	\$55.69	\$47.29	\$8.40	\$56.80
Additional cost to add "Spouse"	\$52.25	\$8.74	\$43.51	\$53.30
Additional cost to add "Child(ren)"	\$71.60	\$9.58	\$62.02	\$73.03
Additional cost to add "Spouse & Child(ren)"	\$139.78	\$20.47	\$119.31	\$142.58
DELTA DENTAL - LOW	Monthly Premium	Employer Premium	Employee Premium	Continuation of Coverage Premium
Employee - only	\$52.54	\$47.29	\$5.25	\$53.59
Additional cost to add "Spouse"	\$34.96	\$8.74	\$26.22	\$35.66
Additional cost to add "Child(ren)"	\$38.33	\$9.58	\$28.75	\$39.10
Additional cost to add "Spouse & Child(ren)"	\$81.88	\$20.47	\$61.41	\$83.52
STANDARD LIFE & AD&D	Monthly Premium	Employer Premium	Employee Premium	Continuation of Coverage Premium
Employee (to age 70): \$25,000	\$4.00	\$4.00	\$0.00	N/A
Employee (age 70 and over): \$13,000	\$2.08	\$2.08	\$0.00	N/A
STANDARD BASIC DEPENDENT LIFE	Monthly Premium	Employer Premium	Employee Premium	Continuation of Coverage Premium
All family members				
\$10,000-Spouse/\$5,000 each child	\$3.00	\$0.00	\$3.00	N/A
STANDARD LONG TERM DISABILITY	Monthly Premium	Employer Premium	Employee Premium	Continuation of Coverage Premium
Rate per \$100 of monthly wages**	\$0.25	Determined By Wages	\$0.00	N/A
STANDARD SUPPLEMENTAL LIFE INSURANCE				

Additional life insurance for employee, spouse and children
Rates are based on age and amount of coverage
Please Refer to Employee Benefit Package Pamphlet for Rates

Part-time employee benefits are prorated based on a regular full-time work schedule.
Full-time for benefit proration is 35 hours per week.