

**2018-2019
Medical Insurance Premiums
CSROP -Certificated**

CAPPED AMOUNT: \$ 9,072.40

**Monthly Cap
Amount**

10 Pay Premium

	Blue Cross Plan 1	Blue Cross Plan 3	Blue Cross Plan 6	Blue Cross Plan 8	CVT Bronze Plan	High Deductible Plan 1	Blue Cross PPO Wellness	
Single	\$ 1,304.40	\$ 1,198.80	\$ 1,059.60	\$ 958.80	\$ 596.40	\$ 721.20	\$ 1,074.00	
Single +1	\$ 2,242.80	\$ 2,061.60	\$ 1,822.80	\$ 1,648.80	\$ 1,026.00	\$ 1,239.60	\$ 1,846.80	
Single + Fmly	\$ 2,829.60	\$ 2,600.40	\$ 2,299.20	\$ 2,080.80	\$ 1,294.80	\$ 1,563.60	\$ 2,330.40	\$ 1,385.10
	RX Plan A	RX Plan B	RX Plan B	RX Plan B			RX Plan C	

10 Pay Premium

	Kaiser Plan 1	Kaiser Plan 3	Kaiser Plan 6	Kaiser Plan 7	Kaiser Wellness	Delta Dental	Vision Services	
Single	\$ 1,258.80	\$ 1,227.60	\$ 1,219.20	\$ 1,159.20	\$ 980.40	\$ 68.17	\$ 12.53	
Single +1	\$ 2,164.80	\$ 2,109.60	\$ 2,095.20	\$ 1,993.20	\$ 1,684.80	\$ 123.48	\$ 23.27	
Single + Fmly	\$ 2,730.00	\$ 2,660.40	\$ 2,642.40	\$ 2,512.80	\$ 2,125.20	\$ 177.52	\$ 35.83	\$ 1,385.10

**PLEASE REMEMBER - EVEN IF YOU OPT FOR 12 PAY,
ALL PREMIUMS MUST BE TAKEN OUT OF 10 CHECKS ONLY.**