

**2018-2019
Medical Insurance Premiums
Classified**

2018-2019 PREMIUM RATES

CAPPED AMOUNT: \$ 9,255.60 CaIPERS

12 Month Premium

	Blue Shield Access+ HMO	PERS Choice (80/20)	PERS Select	PERS Care (90/10)	UnitedHealth- care	Anthem Select	Anthem Traditonal	Western Health Advantage	Kaiser	Full Time Monthly Cap Amount
Single	\$ 881.01	\$ 798.58	\$ 508.68	\$ 1,027.99	\$ 928.85	\$ 946.14	\$ 1,178.79	\$ 696.68	\$ 687.99	
Single+1	\$ 1,762.02	\$ 1,597.16	\$ 1,017.36	\$ 2,055.98	\$ 1,857.70	\$ 1,892.28	\$ 2,357.58	\$ 1,393.36	\$ 1,375.98	
Family	\$ 2,290.63	\$ 2,076.31	\$ 1,322.57	\$ 2,672.77	\$ 2,415.01	\$ 2,459.96	\$ 3,064.85	\$ 1,811.37	\$ 1,788.77	\$ 771.30

11 Month Premium

	Blue Shield Access+ HMO	PERS Choice (80/20)	PERS Select	PERS Care (90/10)	UnitedHealth- care	Anthem Select	Anthem Traditonal	Western Health Advantage	Kaiser	
Single	\$ 961.10	\$ 871.18	\$ 554.92	\$ 1,121.44	\$ 1,013.29	\$ 1,032.15	\$ 1,285.95	\$ 760.01	\$ 750.53	
Single+1	\$ 1,922.20	\$ 1,742.36	\$ 1,109.85	\$ 2,242.89	\$ 2,026.58	\$ 2,064.31	\$ 2,571.91	\$ 1,520.03	\$ 1,501.07	
Family	\$ 2,498.87	\$ 2,265.07	\$ 1,442.80	\$ 2,915.75	\$ 2,634.56	\$ 2,683.59	\$ 3,343.47	\$ 1,976.04	\$ 1,951.39	\$ 841.42

10 Month Premium

	Blue Shield Access+ HMO	PERS Choice (80/20)	PERS Select	PERS Care (90/10)	UnitedHealth- care	Anthem Select	Anthem Traditonal	Western Health Advantage	Kaiser	
Single	\$ 1,057.21	\$ 958.30	\$ 610.42	\$ 1,233.59	\$ 1,114.62	\$ 1,135.37	\$ 1,414.55	\$ 836.02	\$ 825.59	
Single+1	\$ 2,114.42	\$ 1,916.59	\$ 1,220.83	\$ 2,467.18	\$ 2,229.24	\$ 2,270.74	\$ 2,829.10	\$ 1,672.03	\$ 1,651.18	
Family	\$ 2,748.76	\$ 2,491.57	\$ 1,587.08	\$ 3,207.32	\$ 2,898.01	\$ 2,951.95	\$ 3,677.82	\$ 2,173.64	\$ 2,146.52	\$ 925.56

**2018-2019
Dental and Vision Insurance Premiums
Classified**

CVT				
<u>12 Month Premium</u>				
	Delta Dental	Delta Dental 70/30	Delta Dental 70/30	Vision Services
Single	\$ 115.36	\$ 63.95	\$ 63.95	\$ 23.18
Single+1	\$ 115.36	\$ 63.95	\$ 63.95	\$ 23.18
Family	\$ 115.36	\$ 63.95	\$ 63.95	\$ 23.18
<u>11 Month Premium</u>				
	Delta Dental	Delta Dental 70/30	Delta Dental 70/30	Vision Services
Single	\$ 125.85	\$ 69.76	\$ 69.76	\$ 25.29
Single+1	\$ 125.85	\$ 69.76	\$ 69.76	\$ 25.29
Family	\$ 125.85	\$ 69.76	\$ 69.76	\$ 25.29
<u>10 Month Premium</u>				
	Delta Dental	Delta Dental 70/30	Delta Dental 70/30	Vision Services
Single	\$ 138.43	\$ 76.74	\$ 76.74	\$ 27.82
Single+1	\$ 138.43	\$ 76.74	\$ 76.74	\$ 27.82
Family	\$ 138.43	\$ 76.74	\$ 76.74	\$ 27.82