

## 2020-2021 PREMIUM RATES - CERTIFICATED EMPLOYEES

**CAPPED AMOUNT:    \$                    14,488.70**

**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		Delta Dental	Vision Services
Single	\$ 1,370.40	\$ 1,260.00	\$ 1,113.60	\$ 1,008.00	\$ 626.40	\$ 757.20	\$ 1,129.20		\$ 66.54	\$ 11.93
Single +1	\$ 2,356.80	\$ 2,167.20	\$ 1,915.20	\$ 1,732.80	\$ 1,077.60	\$ 1,303.20	\$ 1,942.80		\$ 120.54	\$ 22.16
Single + Fmly	\$ 2,973.60	\$ 2,734.80	\$ 2,416.80	\$ 2,187.60	\$ 1,359.60	\$ 1,642.80	\$ 2,450.40		\$ 173.27	\$ 34.13
	RX Plan A	RX Plan B	RX Plan B	RX Plan B			RX Plan C			

**10 Pay Premium**

	Sutter/AETNA EPO-100	Sutter/AETNA EPO-90	Sutter/AETNA EPO-80	Sutter/AETNA EPO-70	Kaiser Plan 1	Kaiser Plan 6	Kaiser Plan 7	Kaiser Plan HSA	Kaiser Wellness	Monthly Cap Amount
Single	\$ 1,074.00	\$ 963.60	\$ 849.60	\$ 621.60	\$ 1,328.40	\$ 1,285.20	\$ 1,222.80	\$ 819.60	\$ 1,034.40	
Single +1	\$ 1,846.80	\$ 1,657.20	\$ 1,460.40	\$ 1,069.20	\$ 2,283.60	\$ 2,210.40	\$ 2,102.40	\$ 1,408.80	\$ 1,777.20	
Single + Fmly	\$ 2,330.40	\$ 2,091.60	\$ 1,844.40	\$ 1,348.80	\$ 2,880.00	\$ 2,787.60	\$ 2,650.80	\$ 1,753.20	\$ 2,241.60	\$ 1,448.87
	RX Plan A	RX Plan B	RX Plan B	RX Plan C						

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