

2017-2018 Medical Insurance Premiums
Central Sierra ROP

CAPPED AMOUNT: \$9,072.40							
<u>12 Pay Premium</u>							
	Blue Cross Plan 1	Blue Cross Plan 3	Blue Cross Plan 6	Blue Cross Plan 8	CVT Bronze Plan	High Deductible Health Plan 1	Blue Cross PPO Wellness
Single	\$ 1,027.00	\$ 944.00	\$ 836.00	\$ 758.00	\$ 472.00	\$ 571.00	\$ 847.00
Single + 1	\$ 1,766.00	\$ 1,625.00	\$ 1,439.00	\$ 1,304.00	\$ 812.00	\$ 982.00	\$ 1,456.00
Single + Fmly	\$ 2,229.00	\$ 2,050.00	\$ 1,815.00	\$ 1,645.00	\$ 1,025.00	\$ 1,238.00	\$ 1,837.00
	Kaiser Plan 1	Kaiser Plan 3	Kaiser Plan 6	Kaiser Plan 7	Kaiser Wellness	Delta Dental	Vision Services
Single	\$ 1,016.00	\$ 990.00	\$ 983.00	\$ 935.00	\$ 791.00	\$ 56.82	\$ 10.25
Single + 1	\$ 1,746.00	\$ 1,701.00	\$ 1,690.00	\$ 1,607.00	\$ 1,359.00	\$ 102.88	\$ 19.05
Single + Fmly	\$ 2,202.00	\$ 2,146.00	\$ 2,132.00	\$ 2,027.00	\$ 1,714.00	\$ 147.94	\$ 29.95
<u>10 Pay Premium</u>							
	Blue Cross Plan 1	Blue Cross Plan 3	Blue Cross Plan 6	Blue Cross Plan 8	CVT Bronze Plan	High Deductible Health Plan 1	Blue Cross PPO Wellness
Single	\$ 1,232.40	\$ 1,132.80	\$ 1,003.20	\$ 909.60	\$ 566.40	\$ 685.20	\$ 1,016.40
Single +1	\$ 2,119.20	\$ 1,950.00	\$ 1,726.80	\$ 1,564.80	\$ 974.40	\$ 1,178.40	\$ 1,747.20
Single + Fmly	\$ 2,674.80	\$ 2,460.00	\$ 2,178.00	\$ 1,974.00	\$ 1,230.00	\$ 1,485.60	\$ 2,204.40
	Kaiser Plan 1	Kaiser Plan 3	Kaiser Plan 6	Kaiser Plan 7	Kaiser Wellness	Delta Dental	Vision Services
Single	\$ 1,219.20	\$ 1,188.00	\$ 1,179.60	\$ 1,122.00	\$ 949.20	\$ 68.18	\$ 12.30
Single +1	\$ 2,095.20	\$ 2,041.20	\$ 2,028.00	\$ 1,928.40	\$ 1,630.80	\$ 123.46	\$ 22.86
Single + Fmly	\$ 2,642.40	\$ 2,575.20	\$ 2,558.40	\$ 2,432.40	\$ 2,056.80	\$ 177.53	\$ 35.94