

Monthly Insurance Premiums 2016

Pay Band 1 - Salary Rate \$51,000 and Under					
Plan Name & Coverage Level	Employees (Except EX & SX)	University Contribution	EX, SX	University Contribution	Total Premium
Blue Shield w/HSP					
Single	\$15.78	\$609.00	\$15.78	\$609.00	\$624.78
Adult & Child(ren)	\$28.40	\$1,096.19	\$28.40	\$1,096.19	\$1,124.59
Two Adults	\$34.56	\$1,277.46	\$34.56	\$1,277.46	\$1,312.02
Family	\$47.17	\$1,764.68	\$47.17	\$1,764.68	\$1,811.85
HN BLUE & GOLD					
Single	\$33.84	\$636.75	\$29.49	\$641.10	\$670.59
Adult & Child(ren)	\$60.91	\$1,146.15	\$51.17	\$1,155.89	\$1,207.06
Two Adults	\$126.05	\$1,282.19	\$109.50	\$1,298.74	\$1,408.24
Family	\$153.11	\$1,791.59	\$131.18	\$1,813.52	\$1,944.70
KAISER:					
Single	\$15.78	\$571.08	\$11.78	\$575.08	\$586.86
Adult & Child(ren)	\$28.40	\$1,027.94	\$21.20	\$1,035.14	\$1,056.34
Two Adults	\$34.56	\$1,197.85	\$25.80	\$1,206.61	\$1,232.41
Family	\$47.17	\$1,654.72	\$35.21	\$1,666.68	\$1,701.89
UC Care					
Single	\$114.92	\$636.75	\$114.92	\$636.75	\$751.67
Adult & Child(ren)	\$206.86	\$1,146.15	\$206.86	\$1,146.15	\$1,353.01
Two Adults	\$296.33	\$1,282.19	\$296.33	\$1,282.19	\$1,578.52
Family	\$388.26	\$1,791.59	\$388.26	\$1,791.59	\$2,179.85
Core					
Single	\$0.00	\$235.87	\$0.00	\$235.87	\$235.87
Adult & Child(ren)	\$0.00	\$424.57	\$0.00	\$424.57	\$424.57
Two Adults	\$0.00	\$495.33	\$0.00	\$495.33	\$495.33
Family	\$0.00	\$684.02	\$0.00	\$684.02	\$684.02
DELTA DENTAL PPO					
Single	\$0.00	\$42.24			
Adult & Child(ren)	\$0.00	\$86.87			
Two Adults	\$0.00	\$79.15			
Family	\$0.00	\$141.86			
DELTACARE USA					
Single	\$0.00	\$19.88			
Adult & Child(ren)	\$0.00	\$34.66			
Two Adults	\$0.00	\$34.11			
Family	\$0.00	\$48.90			
VISION SERVICE	\$0.00	\$12.75			
LEGAL					
Single	\$10.02	N/A			
Adult & Child(ren)	\$13.78				
Two Adults	\$13.78				
Family	\$15.03				

Monthly Insurance Premiums 2016

Pay Band 2 - Salary Rate \$51,001 to \$102,000					
Plan Name & Coverage Level	Employees (Except EX & SX)	University Contribution	EX, SX	University Contribution	Total Premium
Blue Shield w/HSP					
Single	\$51.83	\$572.95	\$51.83	\$572.95	\$624.78
Adult & Child(ren)	\$93.29	\$1,031.30	\$93.29	\$1,031.30	\$1,124.59
Two Adults	\$116.86	\$1,195.16	\$116.86	\$1,195.16	\$1,312.02
Family	\$158.31	\$1,653.54	\$158.31	\$1,653.54	\$1,811.85
HN BLUE & GOLD					
Single	\$69.89	\$600.70	\$65.54	\$605.05	\$670.59
Adult & Child(ren)	\$125.80	\$1,081.26	\$116.06	\$1,091.00	\$1,207.06
Two Adults	\$208.35	\$1,199.89	\$191.80	\$1,216.44	\$1,408.24
Family	\$264.25	\$1,680.45	\$242.32	\$1,702.38	\$1,944.70
KAISER:					
Single	\$51.83	\$535.03	\$47.83	\$539.03	\$586.86
Adult & Child(ren)	\$93.29	\$963.05	\$86.09	\$970.25	\$1,056.34
Two Adults	\$116.86	\$1,115.55	\$108.10	\$1,124.31	\$1,232.41
Family	\$158.31	\$1,543.58	\$146.35	\$1,555.54	\$1,701.89
UC Care					
Single	\$150.97	\$600.70	\$150.97	\$600.70	\$751.67
Adult & Child(ren)	\$271.75	\$1,081.26	\$271.75	\$1,081.26	\$1,353.01
Two Adults	\$378.63	\$1,199.89	\$378.63	\$1,199.89	\$1,578.52
Family	\$499.40	\$1,680.45	\$499.40	\$1,680.45	\$2,179.85
Core					
Single	\$0.00	\$235.87	\$0.00	\$235.87	\$235.87
Adult & Child(ren)	\$0.00	\$424.57	\$0.00	\$424.57	\$424.57
Two Adults	\$0.00	\$495.33	\$0.00	\$495.33	\$495.33
Family	\$0.00	\$684.02	\$0.00	\$684.02	\$684.02
DELTA DENTAL PPO					
Single	\$0.00	\$42.24			
Adult & Child(ren)	\$0.00	\$86.87			
Two Adults	\$0.00	\$79.15			
Family	\$0.00	\$141.86			
DELTACARE USA					
Single	\$0.00	\$19.88			
Adult & Child(ren)	\$0.00	\$34.66			
Two Adults	\$0.00	\$34.11			
Family	\$0.00	\$48.90			
VISION SERVICE					
	\$0.00	\$12.75			
LEGAL					
Single	\$10.02	N/A			
Adult & Child(ren)	\$13.78				
Two Adults	\$13.78				
Family	\$15.03				

Monthly Insurance Premiums 2016

Pay Band 3 - Salary Rate \$102,001 to \$153,000			
Plan Name & Coverage Level	Employees	University Contribution	Total Premium
Blue Shield w/HSP			
Single	\$88.83	\$535.95	\$624.78
Adult & Child(ren)	\$159.89	\$964.70	\$1,124.59
Two Adults	\$190.62	\$1,121.40	\$1,312.02
Family	\$261.67	\$1,550.18	\$1,811.85
HN BLUE & GOLD			
Single	\$106.89	\$563.70	\$670.59
Adult & Child(ren)	\$192.40	\$1,014.66	\$1,207.06
Two Adults	\$282.11	\$1,126.13	\$1,408.24
Family	\$367.61	\$1,577.09	\$1,944.70
KAISER:			
Single	\$88.83	\$498.03	\$586.86
Adult & Child(ren)	\$159.89	\$896.45	\$1,056.34
Two Adults	\$190.62	\$1,041.79	\$1,232.41
Family	\$261.67	\$1,440.22	\$1,701.89
UC Care			
Single	\$187.97	\$563.70	\$751.67
Adult & Child(ren)	\$338.35	\$1,014.66	\$1,353.01
Two Adults	\$452.39	\$1,126.13	\$1,578.52
Family	\$602.76	\$1,577.09	\$2,179.85
Core			
Single	\$0.00	\$235.87	\$235.87
Adult & Child(ren)	\$0.00	\$424.57	\$424.57
Two Adults	\$0.00	\$495.33	\$495.33
Family	\$0.00	\$684.02	\$684.02
DELTA DENTAL PPO			
Single	\$0.00	\$42.24	
Adult & Child(ren)	\$0.00	\$86.87	
Two Adults	\$0.00	\$79.15	
Family	\$0.00	\$141.86	
DELTACARE USA			
Single	\$0.00	\$19.88	
Adult & Child(ren)	\$0.00	\$34.66	
Two Adults	\$0.00	\$34.11	
Family	\$0.00	\$48.90	
VISION SERVICE			
	\$0.00	\$12.75	
LEGAL			
Single	\$10.02	N/A	
Adult & Child(ren)	\$13.78		
Two Adults	\$13.78		
Family	\$15.03		

Monthly Insurance Premiums 2016

Pay Band 4 - Salary Rate Over \$153,001			
Plan Name & Coverage Level	All Employees	University Contribution	Total Premium
Blue Shield w/HSP			
Single	\$127.14	\$497.64	\$624.78
Adult & Child(ren)	\$228.85	\$895.74	\$1,124.59
Two Adults	\$267.04	\$1,044.98	\$1,312.02
Family	\$368.74	\$1,443.11	\$1,811.85
HN BLUE & GOLD			
Single	\$145.20	\$525.39	\$670.59
Adult & Child(ren)	\$261.36	\$945.70	\$1,207.06
Two Adults	\$358.53	\$1,049.71	\$1,408.24
Family	\$474.68	\$1,470.02	\$1,944.70
KAISER:			
Single	\$127.14	\$459.72	\$586.86
Adult & Child(ren)	\$228.85	\$827.49	\$1,056.34
Two Adults	\$267.04	\$965.37	\$1,232.41
Family	\$368.74	\$1,333.15	\$1,701.89
UC Care			
Single	\$226.28	\$525.39	\$751.67
Adult & Child(ren)	\$407.31	\$945.70	\$1,353.01
Two Adults	\$528.81	\$1,049.71	\$1,578.52
Family	\$709.83	\$1,470.02	\$2,179.85
Core			
Single	\$0.00	\$235.87	\$235.87
Adult & Child(ren)	\$0.00	\$424.57	\$424.57
Two Adults	\$0.00	\$495.33	\$495.33
Family	\$0.00	\$684.02	\$684.02
DELTA DENTAL PPO			
Single	\$0.00	\$42.24	
Adult & Child(ren)	\$0.00	\$86.87	
Two Adults	\$0.00	\$79.15	
Family	\$0.00	\$141.86	
DELTACARE USA			
Single	\$0.00	\$19.88	
Adult & Child(ren)	\$0.00	\$34.66	
Two Adults	\$0.00	\$34.11	
Family	\$0.00	\$48.90	
VISION SERVICE			
	\$0.00	\$12.75	
LEGAL			
Single	\$10.02	N/A	
Adult & Child(ren)	\$13.78		
Two Adults	\$13.78		
Family	\$15.03		