

DIOCESE OF SACRAMENTO
Benefit Plans Premium Rate Sheet
January 1, 2018 - June 30, 2019

ANTHEM BLUE CROSS - PPO HIGH	Monthly Premium	Employer Premium	Employee Premium
Employee - only	\$902.34	\$812.11	\$90.23
Additional cost to add "1" Dependent	\$961.16	\$240.29	\$720.87
Additional cost to add Two (2) + Dependents	\$1,448.34	\$362.09	\$1,086.25
ANTHEM BLUE CROSS - PPO LOW	Monthly Premium	Employer Premium	Employee Premium
Employee - only	\$574.30	\$545.58	\$28.72
Additional cost to add "1" Dependent	\$594.13	\$148.53	\$445.60
Additional cost to add Two (2) + Dependents	\$902.69	\$225.67	\$677.02
KAISER - EPO HIGH	Monthly Premium	Employer Premium	Employee Premium
Employee - only	\$621.35	\$559.21	\$62.14
Additional cost to add "1" Dependent	\$614.09	\$153.52	\$460.57
Additional cost to add Two (2) + Dependents	\$1,040.07	\$260.02	\$780.05
KAISER - EPO LOW	Monthly Premium	Employer Premium	Employee Premium
Employee - only	\$516.19	\$490.38	\$25.81
Additional cost to add "1" Dependent	\$510.17	\$127.54	\$382.63
Additional cost to add Two (2) + Dependents	\$864.05	\$216.01	\$648.04
VSP VISION	Monthly Premium	Employer Premium	Employee Premium
Employee - only	\$4.89	\$4.40	\$0.49
Additional cost to add "Spouse"	\$4.35	\$1.09	\$3.26
Additional cost to add "Child(ren)"	\$4.96	\$1.24	\$3.72
Additional cost to add "Spouse & Child(ren)"	\$10.54	\$2.64	\$7.90
DELTA DENTAL - HIGH	Monthly Premium	Employer Premium	Employee Premium
Employee - only	\$57.45	\$41.90	\$15.55
Additional cost to add "Spouse"	\$45.96	\$9.31	\$36.65
Additional cost to add "Child(ren)"	\$68.94	\$13.97	\$54.97
Additional cost to add "Spouse & Child(ren)"	\$114.89	\$23.28	\$91.61
DELTA DENTAL - LOW	Monthly Premium	Employer Premium	Employee Premium
Employee - only	\$46.56	\$41.90	\$4.66
Additional cost to add "Spouse"	\$37.25	\$9.31	\$27.94
Additional cost to add "Child(ren)"	\$55.87	\$13.97	\$41.90
Additional cost to add "Spouse & Child(ren)"	\$93.12	\$23.28	\$69.84
STANDARD LIFE & AD&D	Monthly Premium	Employer Premium	Employee Premium
Employee (to age 70): \$25,000	\$4.00	\$4.00	\$0.00
Employee (age 70 and over): \$13,000	\$2.08	\$2.08	\$0.00
STANDARD BASIC DEPENDENT LIFE	Monthly Premium	Employer Premium	Employee Premium
All family members			
\$10,000-Spouse/\$5,000 each child	\$3.00	\$0.00	\$3.00
STANDARD LONG TERM DISABILITY	Monthly Premium	Employer Premium	Employee Premium
Rate per \$100 of monthly wages**	\$0.25	Determined By Wages	\$0.00
STANDARD SUPPLEMENTAL LIFE INSURANCE			

Additional life insurance for employee, spouse and children
Rates are based on age and amount of coverage, refer to Benefits Pamphlet

Part-time employee benefits are prorated based on a regular full-time work schedule.
Full-time for benefit proration is 35 hours per week.