

Cost of Coverage

Full-Time Fire Mgt, Fire, SPMA, UNREP, B&C, SCEA, WS and SPOA Employees

Kaiser Permanente POS Plan – Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,724.71	\$711.00	\$1,013.71	\$506.86
Employee + 1	\$3,108.06	\$1,290.00	\$1,818.06	\$909.03
Employee + Family	\$4,175.64	\$1,719.00	\$2,456.64	\$1,228.32
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,761.73	\$711.00	\$1,050.73	\$525.37
Employee + 1	\$3,183.51	\$1,290.00	\$1,893.51	\$946.76
Employee + Family	\$4,240.08	\$1,719.00	\$2,521.08	\$1,260.54

Kaiser HDHP HSA Plan – Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$692.43	\$692.43	\$0.00	\$0.00
Employee + 1	\$1,249.96	\$1,249.96	\$0.00	\$0.00
Employee + Family	\$1,698.18	\$1,698.18	\$0.00	\$0.00
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$729.45	\$711.00	\$18.45	\$9.22
Employee + 1	\$1,325.41	\$1,290.00	\$35.41	\$17.71
Employee + Family	\$1,762.62	\$1,719.00	\$43.62	\$21.81

Kaiser HMO Plan- Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$828.96	\$711.00	\$117.96	\$58.98
Employee + 1	\$1,495.71	\$1,290.00	\$205.71	\$102.86
Employee + Family	\$2,025.85	\$1,719.00	\$306.85	\$153.43
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$865.98	\$711.00	\$154.98	\$77.49
Employee + 1	\$1,571.16	\$1,290.00	\$281.16	\$140.58
Employee + Family	\$2,090.29	\$1,719.00	\$371.29	\$185.65

Cost of Coverage

Full-Time Fire Mgt, Fire, SPMA, UNREP, B&C, SCEA, WS and SPOA Employees

Sutter Health Plus HDHP HSA Plan – Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$723.69	\$711.00	\$12.69	\$6.34
Employee + 1	\$1,306.21	\$1,290.00	\$16.21	\$8.11
Employee + Family	\$1,773.14	\$1,719.00	\$54.14	\$27.07
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$760.71	\$711.00	\$49.71	\$24.86
Employee + 1	\$1,381.66	\$1,290.00	\$91.66	\$45.83
Employee + Family	\$1,837.58	\$1,719.00	\$118.58	\$59.29

Sutter Health Plus HMO Plan – Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$848.99	\$711.00	\$137.99	\$68.99
Employee + 1	\$1,532.71	\$1,290.00	\$242.71	\$121.36
Employee + Family	\$2,075.84	\$1,719.00	\$356.84	\$178.42
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$886.01	\$711.00	\$175.01	\$87.50
Employee + 1	\$1,608.16	\$1,290.00	\$318.16	\$159.08
Employee + Family	\$2,140.28	\$1,719.00	\$421.28	\$210.64

Cost of Coverage

Full-Time O&M and T&M Employees

Kaiser Permanente POS Plan – Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,724.71	\$697.00	\$1,027.71	\$513.86
Employee + 1	\$3,108.06	\$1,265.00	\$1,843.06	\$921.53
Employee + Family	\$4,175.64	\$1,685.00	\$2,490.64	\$1,245.32
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,761.73	\$697.00	\$1,064.73	\$532.37
Employee + 1	\$3,183.51	\$1,265.00	\$1,918.51	\$959.26
Employee + Family	\$4,240.08	\$1,685.00	\$2,555.08	\$1,277.54

Kaiser HDHP HSA Plan – Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$692.43	\$692.43	\$0.00	\$0.00
Employee + 1	\$1,249.96	\$1,249.96	\$0.00	\$0.00
Employee + Family	\$1,698.18	\$1,685.00	\$13.18	\$6.59
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$729.45	\$697.00	\$32.45	\$16.23
Employee + 1	\$1,325.41	\$1,265.00	\$60.41	\$30.21
Employee + Family	\$1,762.62	\$1,685.00	\$77.62	\$38.81

Kaiser HMO Plan- Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$828.96	\$697.00	\$131.96	\$65.98
Employee + 1	\$1,495.71	\$1,265.00	\$230.71	\$115.36
Employee + Family	\$2,025.85	\$1,685.00	\$340.85	\$170.43
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$865.98	\$697.00	\$168.98	\$84.49
Employee + 1	\$1,571.16	\$1,265.00	\$306.16	\$153.08
Employee + Family	\$2,090.29	\$1,685.00	\$405.29	\$202.65

Cost of Coverage

Full-Time O&M and T&M Employees

Sutter Health Plus HDHP HSA Plan – Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$723.69	\$697.00	\$26.69	\$13.35
Employee + 1	\$1,306.21	\$1,265.00	\$41.21	\$20.61
Employee + Family	\$1,773.14	\$1,685.00	\$88.14	\$44.07
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$760.71	\$697.00	\$63.71	\$31.86
Employee + 1	\$1,381.66	\$1,265.00	\$116.66	\$58.33
Employee + Family	\$1,837.58	\$1,685.00	\$152.58	\$76.29

Sutter Health Plus HMO Plan – Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$848.99	\$697.00	\$151.99	\$75.99
Employee + 1	\$1,532.71	\$1,265.00	\$267.71	\$133.86
Employee + Family	\$2,075.84	\$1,685.00	\$390.84	\$195.42
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$886.01	\$697.00	\$189.01	\$94.50
Employee + 1	\$1,608.16	\$1,265.00	\$343.16	\$171.58
Employee + Family	\$2,140.28	\$1,685.00	\$455.28	\$227.64