

RATES FOR BENEFITS EFFECTIVE 01/01/18

Active Contract Employees

Health Plan Choice	Per-Paycheck Contribution		
	10-Month Rate	11-Month Rate	12-Month Rate
Kaiser HMO	\$0.00	\$0.00	\$0.00
UHC Performance HMO Network 1	\$253.99	\$230.90	\$211.66
UHC Performance HMO Network 2	\$727.99	\$661.81	\$606.66
UHC Performance HMO Network 3	\$1119.19	\$1017.45	\$932.66
UHC Signature Value Alliance 500 HRA	\$370.39	\$336.72	\$308.66
UHC Select Plus PPO SD 80/50	\$1756.39	\$1596.72	\$1443.66
Delta Dental Premier	\$0.00	\$0.00	\$0.00
Vision Service Plan	\$0.00	\$0.00	\$0.00

Domestic Partner Taxation

For income tax purposes only, the monthly taxable amount for enrolling a domestic partner will be:

Health Plan Choice	Per-Paycheck Taxable Amount		
	10-Month Rate	11-Month Rate	12-Month Rate
Kaiser HMO	\$703.20	\$639.27	\$586.00
UHC Performance HMO Network 1	\$798.00	\$725.45	\$665.00
UHC Performance HMO Network 2	\$1036.80	\$972.54	\$864.00
UHC Performance HMO Network 3	\$1231.20	\$1119.27	\$1026.00
UHC Signature Value Alliance 500 HRA	\$824.40	\$749.45	\$687.00
UHC Select Plus PPO SD 80/50	\$1197.21	\$1088.37	\$997.68
Delta Dental Premier	\$68.40	\$62.18	\$57.00
Vision Service Plan	\$4.63	\$4.21	\$3.86

Shared Premium Monthly Cost

Health Plan Choice	Shared Premium Rate
Kaiser HMO	\$1136.34 *
UHC Performance HMO Network 1	\$1348.00 *
UHC Performance HMO Network 2	\$1743.00 *
UHC Performance HMO Network 3	\$2069.00 *
UHC Select Plus PPO SD 80/50	\$2600.00 *
UHC Signature Value Alliance 500 HRA	\$1445.00 *

* Monthly deduction amount is calculated based on Shared Premium Rate and FTE and will be mailed in January