

# Cost of Coverage

## Full-Time 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	\$1,540.96	\$697.00	\$843.96	\$421.98
Employee + 1	\$2,777.23	\$1,265.00	\$1,512.23	\$756.12
Employee + Family	\$3,734.35	\$1,685.00	\$2,049.35	\$1,024.68
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,576.56	\$697.00	\$879.56	\$439.78
Employee + 1	\$2,849.83	\$1,265.00	\$1,584.83	\$792.42
Employee + Family	\$3,795.31	\$1,685.00	\$2,110.31	\$1,055.16

### 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	\$660.25	\$697.00	\$0.00	\$0.00
Employee + 1	\$1,191.96	\$1,265.00	\$0.00	\$0.00
Employee + Family	\$1,620.66	\$1,685.00	\$0.00	\$0.00
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$695.85	\$697.00	\$0.00	\$0.00
Employee + 1	\$1,264.56	\$1,265.00	\$0.00	\$0.00
Employee + Family	\$1,681.62	\$1,685.00	\$0.00	\$0.00

### Kaiser HMO Plan- Medical, Dental and Vision

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$743.47	\$697.00	\$46.47	\$23.24
Employee + 1	\$1,341.75	\$1,265.00	\$76.75	\$38.38
Employee + Family	\$1,820.37	\$1,685.00	\$135.37	\$67.69
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$779.07	\$697.00	\$82.07	\$41.04
Employee + 1	\$1,414.35	\$1,265.00	\$149.35	\$74.68
Employee + Family	\$1,881.33	\$1,685.00	\$196.33	\$98.17

# Cost of Coverage

## Full-Time 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	\$705.98	\$697.00	\$8.98	\$4.49
Employee + 1	\$1,274.31	\$1,265.00	\$9.31	\$4.66
Employee + Family	\$1,730.42	\$1,685.00	\$45.42	\$22.71
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$741.58	\$697.00	\$44.58	\$22.29
Employee + 1	\$1,346.91	\$1,265.00	\$81.91	\$40.96
Employee + Family	\$1,791.38	\$1,685.00	\$106.38	\$53.19

### 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	\$793.48	\$697.00	\$96.48	\$48.24
Employee + 1	\$1,432.61	\$1,265.00	\$167.61	\$83.81
Employee + Family	\$1,942.42	\$1,685.00	\$257.42	\$128.71
Tier with DPPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$829.08	\$697.00	\$132.08	\$66.04
Employee + 1	\$1,505.21	\$1,265.00	\$240.21	\$120.11
Employee + Family	\$2,003.38	\$1,685.00	\$318.38	\$159.19