

**DIOCESE OF SACRAMENTO
GROUP BENEFIT PLANS PREMIUM RATE SHEET
RATES EFFECTIVE January 1, 2012**

WESTERN HEALTH ADVANTAGE MEDICAL - HMC	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
Employee	\$550.93	\$504.10	\$46.83	\$561.95
One (1) Dependent	\$559.47	\$139.87	\$419.60	\$570.66
Two (2) + Dependents	\$948.50	\$237.13	\$711.37	\$967.47
BLUE SHIELD MEDICAL - PPO HIGH	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
Employee	\$597.10	\$546.35	\$50.75	\$609.04
One (1) Dependent	\$664.37	\$166.09	\$498.28	\$677.66
Two (2) + Dependents	\$765.16	\$191.29	\$573.87	\$780.46
BLUE SHIELD MEDICAL - PPO LOW	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
Employee	\$468.21	\$428.41	\$39.80	\$477.57
One (1) Dependent	\$504.74	\$126.19	\$378.55	\$514.83
Two (2) + Dependents	\$600.93	\$150.23	\$450.70	\$612.95
KAISER HMO (All Except Charities)	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
Employee	\$425.01	\$388.88	\$36.13	\$433.51
One (1) Dependent	\$417.81	\$104.45	\$313.36	\$426.17
Two (2) + Dependents	\$696.34	\$174.09	\$522.25	\$710.27
VSP VISION	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
Employee	\$5.03	\$5.03	\$0.00	\$5.13
One (1) Dependent	\$5.04	\$0.00	\$5.04	\$5.14
Two (2) + Dependent	\$11.18	\$0.00	\$11.18	\$11.40
DELTA DENTAL	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
Employee	\$46.64	\$46.64	\$0.00	\$47.57
Spouse	\$39.09	\$0.00	\$39.09	\$39.87
Child(ren)	\$47.83	\$0.00	\$47.83	\$48.79
Spouse & Children	\$86.92	\$0.00	\$86.92	\$88.66
STANDARD LIFE & AD&D	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
Employee (to age 70):\$25,000	\$4.00	\$4.00	\$0.00	N/A
Employee (age 70 and over): \$13,000.00	\$2.08	\$2.08	\$0.00	N/A
STANDARD BASIC DEPENDENT LIFE	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
All family members				
\$10,000-Spouse/\$5,000 each child	\$3.00	\$0.00	\$3.00	N/A
STANDARD LONG TERM DISABILITY	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
Rate per \$100 of monthly wages**	0.195	<u>Determined By Wages</u>	\$0.00	N/A
STANDARD SUPPLEMENTAL LIFE INSURANCE				
Additional life insurance for employee, spouse and children				
Rates are based on age and amount of coverage				
Please Refer to Employee Benefit Package Pamphlet for Rates				

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