

**DIOCESE OF SACRAMENTO
GROUP BENEFIT PLANS PREMIUM RATE SHEET
RATES EFFECTIVE January 1, 2011**

WESTERN HEALTH ADVANTAGE MEDICAL - HMO	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
Employee	\$543.92	\$503.13	\$40.79	\$554.80
One (1) Dependent	\$552.18	\$138.05	\$414.13	\$563.22
Two (2) + Dependents	\$936.23	\$234.06	\$702.17	\$954.95
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	\$552.32	\$44.78	\$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 ACTIVE CHOICE MEDICAL	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
Employee	\$500.40	\$462.87	\$37.53	\$510.41
One (1) Dependent	\$543.07	\$135.77	\$407.30	\$553.93
Two (2) + Dependents	\$642.70	\$160.68	\$482.02	\$655.55
KAISER HMO	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
Employee	\$419.26	\$387.82	\$31.44	\$427.65
One (1) Dependent	\$413.75	\$103.44	\$310.31	\$422.03
Two (2) + Dependents	\$689.58	\$172.40	\$517.18	\$703.37
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
STANDARD DENTAL	Monthly <u>Premium</u>	Employer <u>Premium</u>	Employee <u>Premium</u>	Continuation of <u>Coverage Premium</u>
Employee	\$44.00	\$44.00	\$0.00	\$44.88
Spouse	\$36.88	\$0.00	\$36.88	\$37.62
Child(ren)	\$45.12	\$0.00	\$45.12	\$46.02
Spouse & Children	\$82.00	\$0.00	\$82.00	\$83.64
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</u> By Wages	\$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.**