

Health Benefit Program
January 1 - December 31, 2018

Health Plan	Premium Increase	Eligible Dependents	Total Monthly Premium 2017	Employee Monthly Deduction 2017		Total Monthly Premium 2018	Employee Monthly Deduction 2018	Semi-Monthly 2018	Corporation Contribution 2018
Blue Cross HMO*	9.13%	Employee Only	\$805.32	\$64.43		\$878.86	\$70.31	\$35.15	\$808.55
- Plan A	9.16%	Employee + 1 Dependent	\$1,610.00	\$193.20		\$1,757.40	\$210.89	\$105.44	\$1,546.51
	9.16%	Employee + 2 or more	\$2,253.96	\$315.55		\$2,460.33	\$344.45	\$172.22	\$2,115.88
Blue Cross - High Option	8.85%	Employee Only	\$788.94	\$63.12		\$858.79	\$68.70	\$34.35	\$790.09
<i>PPO Plan 9060</i>	8.85%	Employee + 1 Dependent	\$1,630.45	\$195.65		\$1,774.82	\$212.98	\$106.49	\$1,561.84
	8.86%	Employee + 2 or more	\$2,282.64	\$319.57		\$2,484.82	\$347.87	\$173.94	\$2,136.95
Blue Cross - Low Option	8.73%	Employee Only	\$773.77	\$46.43		\$841.34	\$50.48	\$25.24	\$790.86
<i>PPO Plan 8060</i>	8.73%	Employee + 1 Dependent	\$1,547.60	\$139.28		\$1,682.74	\$151.45	\$75.72	\$1,531.29
	8.73%	Employee + 2 or more	\$2,166.60	\$259.99		\$2,355.79	\$282.69	\$141.35	\$2,073.10

* Plan available outside of Monterey County

Nov-17

Employee Share of Cost Percentage Calculation

HMO & High Option

Ee only	8.00%
Ee + 1	12.00%
Ee+2 or more	14.00%

Low Option

Ee only	6.00%
Ee+1	9.00%
Ee+2 or more	12.00%