

## Rates by Bargaining Unit

Please see the per month rate information that applies to you on the following tables. Rates are broken down by plan type and tier.

### Modified Medical Plan: All Bargaining Groups

Tier	*Medical + Admin	Dental	Vision	Total Per Month	**Employer Contribution	Employee Contribution
Employee Only	\$780.57	\$50.10	\$6.25	\$836.92	\$619.00	\$217.92
Employee + 1	\$1,405.28	\$100.18	\$12.50	\$1,517.96	\$1,124.00	\$393.96
Employee + Family	\$1,875.56	\$130.24	\$16.26	\$2,022.06	\$1,496.00	\$526.06

**Required Forms:**

- Health Insurance Enrollment/Change Form

### New Kaiser HMO Plan (No Yearly Deductible): All Bargaining Groups

Tier	*Medical + Admin	Dental	Vision	Total Per Month	**Employer Contribution	Employee Contribution
Employee Only	\$739.31	\$50.10	\$6.25	\$795.66	\$619.00	\$176.66
Employee + 1	\$1,330.75	\$100.18	\$12.50	\$1,443.43	\$1,124.00	\$319.43
Employee + Family	\$1,774.31	\$130.24	\$16.26	\$1,920.81	\$1,496.00	\$424.81

**Required Forms:**

- Health Insurance Enrollment/Change Form
- Kaiser Enrollment Form

### New Sutter Health Plus: All Bargaining Groups

Tier	*Medical +Admin	Dental	Vision	Total Per Month	**Employer Contribution	Employee Contribution
Employee Only	\$685.18	\$50.10	\$6.25	\$741.53	\$619.00	\$122.53
Employee + 1	\$1,234.07	\$100.18	\$12.50	\$1,346.75	\$1,124.00	\$222.75
Employee + Family	\$1,646.16	\$130.24	\$16.26	\$1,792.66	\$1,496.00	\$296.66

**Required Forms:**

- Health Insurance Enrollment/Change Form
- Sutter Enrollment Form

### High Deductible Kaiser Medical Plan : All Bargaining Groups

\*Delta Health Systems offers administrative services for Kaiser and Sutter (e.g. eligibility transfers, dental/vision, and COBRA services).

Tier	*Medical +Admin	Dental	Vision	Total Per Month	**Employer Contribution	Employee Contribution
Employee Only	\$631.45	\$50.10	\$6.25	\$687.80	\$619.00	\$68.80
Employee + 1	\$1,136.60	\$100.18	\$12.50	\$1,249.28	\$1,124.00	\$125.28
Employee + Family	\$1,515.46	\$130.24	\$16.26	\$1,661.96	\$1,496.00	\$165.96

**Required Forms:**

- Health Insurance Enrollment/Change Form
- Kaiser Enrollment Form

\*\*Employer contributions are provided in current labor agreements/compensation plans. Any changes in contribution rates for FY 2016/17 will be implemented according to successor agreements.