

ATTACHMENT A
2018 - 2019 PLAN YEAR
Active Employees
Bi-Weekly Medical Plan Rates

Benefit Plan & Coverage Level	Current Bi-Weekly Rates Effective 06/05/17 for Coverage starting 06/19/17	New Bi-Weekly Rates Effective 06/04/18 for Coverage starting 06/18/18	\$ Change From Current	% Change From Current
KAISER HMO (\$10 CO-PAY)				
<i>Employee</i>	\$312.60	\$322.34	\$9.74	3.12%
<i>Employee and Spouse</i>	\$656.46	\$676.91	\$20.45	3.12%
<i>Employee and Children</i>	\$562.68	\$580.21	\$17.53	3.12%
<i>Family</i>	\$906.54	\$934.79	\$28.25	3.12%
VALLEY HEALTH PLAN HMO (\$0 CO-PAY)				
<i>Employee</i>	\$433.70	\$443.20	\$9.50	2.19%
<i>Employee and Spouse</i>	\$910.77	\$930.73	\$19.96	2.19%
<i>Employee and Children</i>	\$780.65	\$797.76	\$17.11	2.19%
<i>Family</i>	\$1,257.73	\$1,285.28	\$27.55	2.19%
HEALTH NET POS (\$15 CO-PAY)				
<i>Employee</i>	\$607.03	\$645.57	\$38.54	6.35%
<i>Family</i>	\$1,285.25	\$1,366.86	\$81.61	6.35%
DELTA DENTAL PPO PLAN				
<i>Employee & Family</i>	\$54.54	\$54.27	(\$0.27)	-0.50%
LIBERTY DENTAL HMO PLAN				
<i>Employee & Family</i>	\$20.12	\$19.90	(\$0.22)	-1.09%
VISION SERVICE PLAN (VSP)				
<i>Employee & Family</i>	\$4.61	\$4.59	(\$0.02)	-0.43%