2016-2017

ACTIVE EMPLOYEE BENEFITS COSTS

MANAGEMENT/CONFIDENTIAL/BOARD

	HSA1 WITH DELTA PLAN 2016/17 Contribution	HSA1 WITH DELTA PLAN 10 Month Contribution	HSA1 WITH DELTA W/ORTHO 2016/17 Contribution	HSA1 WITH DELTA W/ORTHO 10 Month Contribution	HSA1 WITH ANTHEM DENT 2016/17 Contribution	HSA1 WITH ANTHEM DENT 10 Month Contribution
MANAGEMENT/CONFIDENTIAL/BOARD						
Single	$1,419.75	$141.98	$1,509.27	$150.93	$1,422.75	$142.28
Empl + Spouse	$3,620.26	$362.03	$3,819.82	$381.98	$3,627.22	$362.72
Empl + Child(ren)	$2,949.80	$294.98	$3,149.36	$314.94	$2,956.76	$295.68
Family	$4,456.04	$445.60	$4,750.16	$475.02	$4,466.48	$446.65

	HSA2 WITH DELTA PLAN 2016/17 Contribution	HSA2 WITH DELTA PLAN 10 Month Contribution	HSA2 WITH DELTA W/ORTHO 2016/17 Contribution	HSA2 WITH DELTA W/ORTHO 10 Month Contribution	HSA2 WITH ANTHEM DENT 2016/17 Contribution	HSA2 WITH ANTHEM DENT 10 Month Contribution
MANAGEMENT/CONFIDENTIAL/BOARD						
Single	$698.43	$69.84	$787.95	$78.80	$701.43	$70.14
Empl + Spouse	$2,141.62	$214.16	$2,341.18	$234.12	$2,148.58	$214.86
Empl + Child(ren)	$1,579.28	$157.93	$1,778.84	$177.88	$1,586.24	$158.62
Family	$2,436.32	$243.63	$2,730.44	$273.04	$2,446.76	$244.68

	HMO 20 WITH DELTA PLAN 2016/17 Contribution	HMO 20 WITH DELTA PLAN 10 Month Contribution	HMO 20 WITH DELTA W/ORTHO 2016/17 Contribution	HMO 20 WITH DELTA W/ORTHO 10 Month Contribution	HMO 20 WITH ANTHEM DENT 2016/17 Contribution	HMO 20 WITH ANTHEM DENT 10 Month Contribution
MANAGEMENT/CONFIDENTIAL/BOARD						
Single	$1,465.95	$146.60	$1,555.47	$155.55	$1,468.95	$146.90
Empl + Spouse	$3,715.06	$371.51	$3,914.62	$391.46	$3,722.02	$372.20
Empl + Child(ren)	$3,037.52	$303.75	$3,237.08	$323.71	$3,044.48	$304.45
Family	$4,585.40	$458.54	$4,879.52	$487.95	$4,595.84	$459.58

	HMO 30 WITH DELTA PLAN 2016/17 Contribution	HMO 30 WITH DELTA PLAN 10 Month Contribution	HMO 30 WITH DELTA W/ORTHO 2016/17 Contribution	HMO 30 WITH DELTA W/ORTHO 10 Month Contribution	HMO 30 WITH ANTHEM DENT 2016/17 Contribution	HMO 30 WITH ANTHEM DENT 10 Month Contribution
MANAGEMENT/CONFIDENTIAL/BOARD						
Single	$964.35	$96.43	$1,053.87	$105.39	$967.35	$96.73
Empl + Spouse	$2,686.78	$268.68	$2,886.34	$288.63	$2,693.74	$269.37
Empl + Child(ren)	$2,084.48	$208.45	$2,284.04	$228.40	$2,091.44	$209.14
Family	$3,180.92	$318.09	$3,475.04	$347.50	$3,191.36	$319.14

	HMO 40 WITH DELTA PLAN 2016/17 Contribution	HMO 40 WITH DELTA PLAN 10 Month Contribution	HMO 40 WITH DELTA W/ORTHO 2016/17 Contribution	HMO 40 WITH DELTA W/ORTHO 10 Month Contribution	HMO 40 WITH ANTHEM DENT 2016/17 Contribution	HMO 40 WITH ANTHEM DENT 10 Month Contribution
MANAGEMENT/CONFIDENTIAL/BOARD						
Single	$231.15	$23.11	$320.67	$32.07	$234.15	$23.41
Empl + Spouse	$1,183.66	$118.37	$1,383.22	$138.32	$1,190.62	$119.06
Empl + Child(ren)	$691.40	$69.14	$890.96	$89.10	$698.36	$69.84
Family	$1,127.96	$112.80	$1,422.08	$142.21	$1,138.40	$113.84

	KAISER WITH DELTA PLAN 2016/17 Contribution	KAISER WITH DELTA PLAN 10 Month Contribution	KAISER WITH DELTA W/ORTHO 2016/17 Contribution	KAISER WITH DELTA W/ORTHO 10 Month Contribution	KAISER WITH ANTHEM DENT 2016/17 Contribution	KAISER WITH ANTHEM DENT 10 Month Contribution
MANAGEMENT/CONFIDENTIAL/BOARD						
Single	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Empl + Spouse	$1,126.42	$112.64	$1,325.98	$132.60	$1,133.38	$113.34
Empl + Child(ren)	$391.40	$39.14	$590.96	$59.10	$398.36	$39.84
Family	$1,019.24	$101.92	$1,313.36	$131.34	$1,029.68	$102.97

	KAISER LOW/W DELTA PLAN 2016/17 Contribution	KAISER LOW/W DELTA PLAN 10 Month Contribution	KAISER LOW/W DELTA W/ORTHO 2016/17 Contribution	KAISER LOW/W DELTA W/ORTHO 10 Month Contribution	KAISER LOW/W ANTHEM DENT 2016/17 Contribution	KAISER LOW/W ANTHEM DENT 10 Month Contribution
MANAGEMENT/CONFIDENTIAL/BOARD						
Single	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Empl + Spouse	$979.90	$97.99	$1,179.46	$117.95	$986.86	$98.69
Empl + Child(ren)	$258.08	$25.81	$457.64	$45.76	$265.04	$26.50
Family	$819.20	$81.92	$1,113.32	$111.33	$829.64	$82.96

	MIN VALUE W/ DELTA PLAN 2016/17 Contribution	MIN VALUE W/ DELTA PLAN 10 Month Contribution	MIN VALUE W/ DELTA W/ORTHO 2016/17 Contribution	MIN VALUE W/ DELTA W/ORTHO 10 Month Contribution	MIN VALUE W/ ANTHEM DENT 2016/17 Contribution	MIN VALUE W/ ANTHEM DENT 10 Month Contribution
MANAGEMENT/CONFIDENTIAL/BOARD						
Single	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Empl + Spouse	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Empl + Child(ren)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00