



AUHSD BENEFIT PREMIUM RATES
Plan Year - October 1, 2018 to September 30, 2019

Single Coverage AUHSD Contribution			\$ 783.00
Effective October 1, 2018			
Health Plan	Premium Rate	Employee Deduction	AUHSD HSA Contribution
Kaiser Permanente	783	-	
Kaiser HSA	622	-	161
Anthem HMO Premier 10	866	83	
Anthem PPO 90-20	836	53	
Anthem PPO 80-20	779	-	
Anthem HSA	653	-	130

2-Party Coverage AUHSD Contribution			\$ 1,565.00
Effective October 1, 2018			
Health Plan	Premium Rate	Employee Deduction	AUHSD HSA Contribution
Kaiser Permanente	1,565	-	
Kaiser HSA	1,244	-	321
Anthem HMO Premier 10	1,733	168	
Anthem PPO 90-20	1,672	107	
Anthem PPO 80-20	1,554	-	
Anthem HSA	1,346	-	219

Family Coverage AUHSD Contribution			\$ 2,035.00
Effective October 1, 2018			
Health Plan	Premium Rate	Employee Deduction	AUHSD HSA Contribution
Kaiser Permanente	2,035	-	
Kaiser HSA	1,618	-	417
Anthem HMO Premier 10	2,249	214	
Anthem PPO 90-20	2,170	135	
Anthem PPO 80-20	2,016	-	
Anthem HSA	1,751	-	284

Dental & Vision Plans	Composite Rate	Employee Deduction
Delta Dental Incentive Plan-Wide Network	111.10	-
Delta Dental PPO Unlimited-Narrow Network	142.10	31.00
Vision Service Plan \$ 5, \$150 Frame	22.20	-
Vision Service Plan \$ 0, \$200 Frame	26.80	4.60

Based on 1.0 FTE