

Cost of Coverage

Full-Time Fire Mgt, Fire, SPMA, and SPOA Employees

Kaiser Permanente POS Plan – Medical, Dental and Vision

| Tier with DHMO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|--------------------------|---------------|----------------------------------|----------------------------------|---------------------------|
| Employee Only | \$1,724.71 | \$711.00 | \$1,013.71 | \$506.86 |
| Employee + 1 | \$3,108.06 | \$1,290.00 | \$1,818.06 | \$909.03 |
| Employee + Family | \$4,175.64 | \$1,719.00 | \$2,456.64 | \$1,228.32 |
| Tier with DPPO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only | \$1,761.73 | \$711.00 | \$1,050.73 | \$525.37 |
| Employee + 1 | \$3,183.51 | \$1,290.00 | \$1,893.51 | \$946.76 |
| Employee + Family | \$4,240.08 | \$1,719.00 | \$2,521.08 | \$1,260.54 |

Kaiser HDHP HSA Plan – Medical, Dental and Vision

| Tier with DHMO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|--------------------------|---------------|----------------------------------|----------------------------------|---------------------------|
| Employee Only | \$692.43 | \$692.43 | \$0.00 | \$0.00 |
| Employee + 1 | \$1,249.96 | \$1,249.96 | \$0.00 | \$0.00 |
| Employee + Family | \$1,698.18 | \$1,698.18 | \$0.00 | \$0.00 |
| Tier with DPPO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only | \$729.45 | \$711.00 | \$18.45 | \$9.22 |
| Employee + 1 | \$1,325.41 | \$1,290.00 | \$35.41 | \$17.71 |
| Employee + Family | \$1,762.62 | \$1,719.00 | \$43.62 | \$21.81 |

Kaiser HMO Plan- Medical, Dental and Vision

| Tier with DHMO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|--------------------------|---------------|----------------------------------|----------------------------------|---------------------------|
| Employee Only | \$828.96 | \$711.00 | \$117.96 | \$58.98 |
| Employee + 1 | \$1,495.71 | \$1,290.00 | \$205.71 | \$102.86 |
| Employee + Family | \$2,025.85 | \$1,719.00 | \$306.85 | \$153.43 |
| Tier with DPPO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only | \$865.98 | \$711.00 | \$154.98 | \$77.49 |
| Employee + 1 | \$1,571.16 | \$1,290.00 | \$281.16 | \$140.58 |
| Employee + Family | \$2,090.29 | \$1,719.00 | \$371.29 | \$185.65 |

Cost of Coverage

Full-Time Fire Mgt, Fire, SPMA, and SPOA Employees

Sutter Health Plus HDHP HSA Plan – Medical, Dental and Vision

| Tier with DHMO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|--------------------------|---------------|----------------------------------|----------------------------------|---------------------------|
| Employee Only | \$723.69 | \$711.00 | \$12.69 | \$6.34 |
| Employee + 1 | \$1,306.21 | \$1,290.00 | \$16.21 | \$8.11 |
| Employee + Family | \$1,773.14 | \$1,719.00 | \$54.14 | \$27.07 |
| Tier with DPPO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only | \$760.71 | \$711.00 | \$49.71 | \$24.86 |
| Employee + 1 | \$1,381.66 | \$1,290.00 | \$91.66 | \$45.83 |
| Employee + Family | \$1,837.58 | \$1,719.00 | \$118.58 | \$59.29 |

Sutter Health Plus HMO Plan – Medical, Dental and Vision

| Tier with DHMO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|--------------------------|---------------|----------------------------------|----------------------------------|---------------------------|
| Employee Only | \$848.99 | \$711.00 | \$137.99 | \$68.99 |
| Employee + 1 | \$1,532.71 | \$1,290.00 | \$242.71 | \$121.36 |
| Employee + Family | \$2,075.84 | \$1,719.00 | \$356.84 | \$178.42 |
| Tier with DPPO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only | \$886.01 | \$711.00 | \$175.01 | \$87.50 |
| Employee + 1 | \$1,608.16 | \$1,290.00 | \$318.16 | \$159.08 |
| Employee + Family | \$2,140.28 | \$1,719.00 | \$421.28 | \$210.64 |

Cost of Coverage

Full-Time SCEA/UNREP, B&C, O&M, T&M, and WS Employees

Kaiser Permanente POS Plan – Medical, Dental and Vision

| Tier with DHMO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|--------------------------|---------------|----------------------------------|----------------------------------|---------------------------|
| Employee Only | \$1,724.71 | \$697.00 | \$1,027.71 | \$513.86 |
| Employee + 1 | \$3,108.06 | \$1,265.00 | \$1,843.06 | \$921.53 |
| Employee + Family | \$4,175.64 | \$1,685.00 | \$2,490.64 | \$1,245.32 |
| Tier with DPPO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only | \$1,761.73 | \$697.00 | \$1,064.73 | \$532.37 |
| Employee + 1 | \$3,183.51 | \$1,265.00 | \$1,918.51 | \$959.26 |
| Employee + Family | \$4,240.08 | \$1,685.00 | \$2,555.08 | \$1,277.54 |

Kaiser HDHP HSA Plan – Medical, Dental and Vision

| Tier with DHMO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|--------------------------|---------------|----------------------------------|----------------------------------|---------------------------|
| Employee Only | \$692.43 | \$692.43 | \$0.00 | \$0.00 |
| Employee + 1 | \$1,249.96 | \$1,249.96 | \$0.00 | \$0.00 |
| Employee + Family | \$1,698.18 | \$1,685.00 | \$13.18 | \$6.59 |
| Tier with DPPO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only | \$729.45 | \$697.00 | \$32.45 | \$16.23 |
| Employee + 1 | \$1,325.41 | \$1,265.00 | \$60.41 | \$30.21 |
| Employee + Family | \$1,762.62 | \$1,685.00 | \$77.62 | \$38.81 |

Kaiser HMO Plan- Medical, Dental and Vision

| Tier with DHMO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|--------------------------|---------------|----------------------------------|----------------------------------|---------------------------|
| Employee Only | \$828.96 | \$697.00 | \$131.96 | \$65.98 |
| Employee + 1 | \$1,495.71 | \$1,265.00 | \$230.71 | \$115.36 |
| Employee + Family | \$2,025.85 | \$1,685.00 | \$340.85 | \$170.43 |
| Tier with DPPO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only | \$865.98 | \$697.00 | \$168.98 | \$84.49 |
| Employee + 1 | \$1,571.16 | \$1,265.00 | \$306.16 | \$153.08 |
| Employee + Family | \$2,090.29 | \$1,685.00 | \$405.29 | \$202.65 |

Cost of Coverage

Full-Time SCEA/UNREP, B&C, O&M, T&M, and WS Employees

Sutter Health Plus HDHP HSA Plan – Medical, Dental and Vision

| Tier with DHMO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|--------------------------|---------------|----------------------------------|----------------------------------|---------------------------|
| Employee Only | \$723.69 | \$697.00 | \$26.69 | \$13.35 |
| Employee + 1 | \$1,306.21 | \$1,265.00 | \$41.21 | \$20.61 |
| Employee + Family | \$1,773.14 | \$1,685.00 | \$88.14 | \$44.07 |
| Tier with DPPO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only | \$760.71 | \$697.00 | \$63.71 | \$31.86 |
| Employee + 1 | \$1,381.66 | \$1,265.00 | \$116.66 | \$58.33 |
| Employee + Family | \$1,837.58 | \$1,685.00 | \$152.58 | \$76.29 |

Sutter Health Plus HMO Plan – Medical, Dental and Vision

| Tier with DHMO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|--------------------------|---------------|----------------------------------|----------------------------------|---------------------------|
| Employee Only | \$848.99 | \$697.00 | \$151.99 | \$75.99 |
| Employee + 1 | \$1,532.71 | \$1,265.00 | \$267.71 | \$133.86 |
| Employee + Family | \$2,075.84 | \$1,685.00 | \$390.84 | \$195.42 |
| Tier with DPPO Dental | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only | \$886.01 | \$697.00 | \$189.01 | \$94.50 |
| Employee + 1 | \$1,608.16 | \$1,265.00 | \$343.16 | \$171.58 |
| Employee + Family | \$2,140.28 | \$1,685.00 | \$455.28 | \$227.64 |