

# Cost of Coverage

Full-Time Fire Mgt, Fire, SPMA, UNREP, B&C, SCEA, WS, O&M (5/1/2024), T&M (5/1/2024) and SPOA Employees

Kaiser Permanente POS Plan – Medical, Dental and Vision

Tier	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
<b>with DHMO Dental</b>				
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
<b>with DPPO Dental</b>				
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	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
<b>with DHMO Dental</b>				
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
<b>with DPPO Dental</b>				
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	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
<b>with DHMO Dental</b>				
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
<b>with DPPO Dental</b>				
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, UNREP, B&C, SCEA, WS, O&M (5/1/2024), T&M (5/1/2024) 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