10th and Monthly Rates

Plan	Tier	Monthly	Tenthly
	Single	\$683.00	\$819.60
UHC Network 1	Two-Party	\$1,348.00	\$1,617.60
	Family	\$1,893.00	\$2,271.60
	Single	\$914.00	\$1,096.80
UHC Network 2	Two-Party	\$1,809.00	\$2,170.80
	Family	\$2,540.00	\$3,048.00
	Single	\$923.00	\$1,107.60
UHC PPO	Two-Party	\$1,799.00	\$2,158.80
	Family	\$2,513.00	\$3,015.60
	Single	\$813.00	\$975.60
Alliance	Two-Party	\$1,497.00	\$1,796.40
	Family	\$2,053.00	\$2,463.60
	Single	\$606.00	\$727.20
Kaiser	Two-Party	\$1,197.00	\$1,436.40
	Family	\$1,688.00	\$2,025.60
Delta PPO	Supercomposite	\$78.00	\$93.60
DeltaCare USA	Supercomposite	\$35.60	\$42.72
Western Dental	Supercomposite	\$30.04	\$36.05
VSP	Supercomposite	\$8.50	\$10.20

Job Share Medical Rates Attachment 3

	HMO Network 1 - Single				HMO Network 1 - Two-Party			HMO Network 1 - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer	
	20 \$819.60	\$655.68	\$163.92	\$1,617.60	\$1,294.08	\$323.52	\$2,271.60	\$1,817.28	\$454.32	
	30 \$819.60	\$573.72	\$245.88	\$1,617.60	\$1,132.32	\$485.28	\$2,271.60	\$1,590.12	\$681.48	
	\$819.60	\$491.76	\$327.84	\$1,617.60	\$970.56	\$647.04	\$2,271.60	\$1,362.96	\$908.64	
	50 \$819.60	\$409.80	\$409.80	\$1,617.60	\$808.80	\$808.80	\$2,271.60	\$1,135.80	\$1,135.80	
(50 \$819.60	\$327.84	\$491.76	\$1,617.60	\$647.04	\$970.56	\$2,271.60	\$908.64	\$1,362.96	
	70 \$819.60	\$245.88	\$573.72	\$1,617.60	\$485.28	\$1,132.32	\$2,271.60	\$681.48	\$1,590.12	
	30 \$819.60	\$163.92	\$655.68	\$1,617.60	\$323.52	\$1,294.08	\$2,271.60	\$454.32	\$1,817.28	
!	90 \$819.60	\$81.96	\$737.64	\$1,617.60	\$161.76	\$1,455.84	\$2,271.60	\$227.16	\$2,044.44	
		HMO Net	work 2 - Single		HMO Network	c 2 - Two-Party	HMO Network 2 - Far		ork 2 - Family	
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer	
	20 \$1,096.80	\$877.44	\$219.36	\$2,170.80	\$1,736.64	\$434.16	\$3,048.00	\$2,438.40	\$609.60	
	30 \$1,096.80	\$767.76	\$329.04	\$2,170.80	\$1,519.56	\$651.24	\$3,048.00	\$2,133.60	\$914.40	
	10 \$1,096.80	\$658.08	\$438.72	\$2,170.80	\$1,302.48	\$868.32	\$3,048.00	\$1,828.80	\$1,219.20	
	50 \$1,096.80	\$548.40	\$548.40	\$2,170.80	\$1,085.40	\$1,085.40	\$3,048.00	\$1,524.00	\$1,524.00	
	50 \$1,096.80	\$438.72	\$658.08	\$2,170.80	\$868.32	\$1,302.48	\$3,048.00	\$1,219.20	\$1,828.80	
	70 \$1,096.80	\$329.04	\$767.76	\$2,170.80	\$651.24	\$1,519.56	\$3,048.00	\$914.40	\$2,133.60	
	30 \$1,096.80	\$219.36	\$877.44	\$2,170.80	\$434.16	\$1,736.64	\$3,048.00	\$609.60	\$2,438.40	
	90 \$1,096.80	\$109.68	\$987.12	\$2,170.80	\$217.08	\$1,953.72	\$3,048.00	\$304.80	\$2,743.20	

Job Share Medical Rates Attachment 3

		PPO - Single			PPO - Two-Party			PPO - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer	
	20 \$1,107.60	\$886.08	\$221.52	\$2,158.80	\$1,727.04	\$431.76	\$3,015.60	\$2,412.48	\$603.12	
	30 \$1,107.60	\$775.32	\$332.28	\$2,158.80	\$1,511.16	\$647.64	\$3,015.60	\$2,110.92	\$904.68	
	10 \$1,107.60	\$664.56	\$443.04	\$2,158.80	\$1,295.28	\$863.52	\$3,015.60	\$1,809.36	\$1,206.24	
	50 \$1,107.60	\$553.80	\$553.80	\$2,158.80	\$1,079.40	\$1,079.40	\$3,015.60	\$1,507.80	\$1,507.80	
	50 \$1,107.60	\$443.04	\$664.56	\$2,158.80	\$863.52	\$1,295.28	\$3,015.60	\$1,206.24	\$1,809.36	
	70 \$1,107.60	\$332.28	\$775.32	\$2,158.80	\$647.64	\$1,511.16	\$3,015.60	\$904.68	\$2,110.92	
	30 \$1,107.60	\$221.52	\$886.08	\$2,158.80	\$431.76	\$1,727.04	\$3,015.60	\$603.12	\$2,412.48	
,	90 \$1,107.60	\$110.76	\$996.84	\$2,158.80	\$215.88	\$1,942.92	\$3,015.60	\$301.56	\$2,714.04	
			ce - Single		Alliance - Two-Party			Alliance - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer	
	20 \$975.60	\$780.48	\$195.12	\$1,796.40	\$1,437.12	\$359.28	\$2,463.60	\$1,970.88	\$492.72	
	30 \$975.60	\$682.92	\$292.68	\$1,796.40	\$1,257.48	\$538.92	\$2,463.60	\$1,724.52	\$739.08	
	\$975.60	\$585.36	\$390.24	\$1,796.40	\$1,077.84	\$718.56	\$2,463.60	\$1,478.16	\$985.44	
	\$975.60	\$487.80	\$487.80	\$1,796.40	\$898.20	\$898.20	\$2,463.60	\$1,231.80	\$1,231.80	
(\$975.60	\$390.24	\$585.36	\$1,796.40	\$718.56	\$1,077.84	\$2,463.60	\$985.44	\$1,478.16	
	70 \$975.60	\$292.68	\$682.92	\$1,796.40	\$538.92	\$1,257.48	\$2,463.60	\$739.08	\$1,724.52	
;	\$975.60	\$195.12	\$780.48	\$1,796.40	\$359.28	\$1,437.12	\$2,463.60	\$492.72	\$1,970.88	
!	90 \$975.60	\$97.56	\$878.04	\$1,796.40	\$179.64	\$1,616.76	\$2,463.60	\$246.36	\$2,217.24	
		Kaise	er - Single		Kaiser - 1	wo-Party	Kaiser - Family		r - Family	
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer	
	20 \$727.20	\$581.76	\$145.44	\$1,436.40	\$1,149.12	\$287.28	\$2,025.60	\$1,620.48	\$405.12	
	30 \$727.20	\$509.04	\$218.16	\$1,436.40	\$1,005.48	\$430.92	\$2,025.60	\$1,417.92	\$607.68	
	10 \$727.20	\$436.32	\$290.88	\$1,436.40	\$861.84	\$574.56	\$2,025.60	\$1,215.36	\$810.24	
	50 \$727.20	\$363.60	\$363.60	\$1,436.40	\$718.20	\$718.20	\$2,025.60	\$1,012.80	\$1,012.80	
	50 \$727.20	\$290.88	\$436.32	\$1,436.40	\$574.56	\$861.84	\$2,025.60	\$810.24	\$1,215.36	
	70 \$727.20	\$218.16	\$509.04	\$1,436.40	\$430.92	\$1,005.48	\$2,025.60	\$607.68	\$1,417.92	
	30 \$727.20	\$145.44	\$581.76	\$1,436.40	\$287.28	\$1,149.12	\$2,025.60	\$405.12	\$1,620.48	
	90 \$727.20	\$72.72	\$654.48	\$1,436.40	\$143.64	\$1,292.76	\$2,025.60	\$202.56	\$1,823.04	

Job Share - Benefit Rates - Plan Year 2019 Job Shr Splt - Dent and Vision

		Delta PPO			DeltaCare USA			Western Dental	
Split	Rate	Employee	Employer	Rate	Employee	Employer	Rate	Employee	Employer
20	\$93.60	\$74.88	\$18.72	\$42.72	\$34.18	\$8.54	\$36.05	\$28.84	\$7.21
30	\$93.60	\$65.52	\$28.08	\$42.72	\$29.90	\$12.82	\$36.05	\$25.23	\$10.81
40	\$93.60	\$56.16	\$37.44	\$42.72	\$25.63	\$17.09	\$36.05	\$21.63	\$14.42
50	\$93.60	\$46.80	\$46.80	\$42.72	\$21.36	\$21.36	\$36.05	\$18.02	\$18.02
60	\$93.60	\$37.44	\$56.16	\$42.72	\$17.09	\$25.63	\$36.05	\$14.42	\$21.63
70	\$93.60	\$28.08	\$65.52	\$42.72	\$12.82	\$29.90	\$36.05	\$10.81	\$25.23
80	\$93.60	\$18.72	\$74.88	\$42.72	\$8.54	\$34.18	\$36.05	\$7.21	\$28.84
90	\$93.60	\$9.36	\$84.24	\$42.72	\$4.27	\$38.45	\$36.05	\$3.60	\$32.44
			VSP						
Split	Rate	Employee	Employer						
20	\$10.20	\$8.16	\$2.04						
30	\$10.20	\$7.14	\$3.06						
40	\$10.20	\$6.12	\$4.08						
50	\$10.20	\$5.10	\$5.10						
60	\$10.20	\$4.08	\$6.12						
70	\$10.20	\$3.06	\$7.14						
80	\$10.20	\$2.04	\$8.16						
90	\$10.20	\$1.02	\$9.18			_			