

2024 MEDICAL PREMIUM COSTS

The following chart provides details on the costs of the benefits, based on your medical tier and your Recognized Employee Organization (REO). The overall premiums are shown monthly and then biweekly - the amount employees pay each pay period based on tier, and annually by tier.

Plan	Kaiser \$15 HMO	Kaiser HDHP HMO	Sutter \$15 HMO	Sutter HDHP HMO	WHA \$15 HMO	WHA HDHP HMO
Monthly Premium Single	\$1,150.86***	\$822.32	\$949.36****	\$700.10	\$857.86****	\$655.50
Monthly Premium Family	\$2,942.98	\$2,102.84	\$2,430.32****	\$1,792.30	\$2,196.22****	\$1,678.10

Tier B (All units hired after 12/31/2006) Monthly Single Subsidy: \$686.30 Family Subsidy: \$1,756.98	Kaiser \$15 HMO***	Kaiser HDHP HMO	Sutter \$15 HMO****	Sutter HDHP HMO	WHA \$15 HMO****	WHA HDHP HMO	Monthly Cashback If Waiving Coverage
Employee Deduction Per Pay Period*/Year** Single	(\$232.28)/ (\$5,574.72)	(\$68.01)/ (\$1632.24)	(\$131.53)/ (\$3,156.74)	(\$6.90)/ (\$165.60)	(\$85.78)/ (\$2,058.72)	\$0.00	N/A
Employee Deduction Per Pay Period*/Year** Family	(\$593.00)/ (\$14,232.00)	(\$172.93)/ (\$4,150.32)	(\$336.67)/ (\$8,080.08)	(\$17.66)/ (\$423.84)	(\$219.62)/ (\$5,270.88)	\$0.00	N/A

Tier A2 (Units 003, 006, 017, 019, 030 hired before 1/1/2007) Monthly Single and Family Subsidy: \$1,148.80		Kaiser \$15 HMO***	Kaiser HDHP HMO	Sutter \$15 HMO****	Sutter HDHP HMO	WHA \$15 HMO****	WHA HDHP HMO	Monthly Cashback If Waiving Coverage
Employee Deduction Per Pay Period*/Year** Single	Cashback	\$(1.03)/ \$(24.72)	\$33.53/ \$804.72	\$0.00	\$90.30/ \$2,502.72	\$17.03/ \$408.72	\$111.01/ \$2,664.24	\$894.52
	No Cashback	\$(1.03)/ \$(24.72)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Deduction Per Pay Period*/Year** Family		(\$897.09)/ (\$21,530.16)	(\$477.02)/ (\$11,448.48)	(\$640.76)/ (\$15,378.24)	(\$321.75)/ (\$7,722.00)	(\$523.71)/ (\$12,569.04)	(\$264.65)/ (\$6,351.60)	N/A

Tier A1 (All Other Units hired before 1/1/2007) Monthly Single and Family Subsidy: \$826.90		Kaiser \$15 HMO***	Kaiser HDHP HMO	Sutter \$15 HMO****	Sutter HDHP HMO	WHA \$15 HMO****	WHA HDHP HMO	Monthly Cashback If Waiving Coverage
Employee Deduction Per Pay Period*/Year** Single	Cashback	(\$161.98)/ (\$3,887.52)	\$0.00	(\$61.23)/ (\$1,469.52)	\$0.00	(\$15.48)/ (\$371.52)	\$0.00	\$535.00
	No Cashback							PSI \$150.00
Employee Deduction Per Pay Period*/Year** Family		(\$1,058.04)/ (\$25,392.96)	(\$637.97)/ (\$15,311.28)	(\$801.71)/ (\$19,241.04)	(\$482.70)/ (\$11,584.80)	(\$684.66)/ (\$16,431.84)	(\$425.60)/ (\$10,214.40)	N/A

*Employee Deduction Per Pay Period = (Monthly Premium – Monthly Subsidy)/2

**Employee Deduction Per Year = Employee Deduction Per Pay Period x 24 Pay Periods

*** Kaiser HMO includes Kaiser vision coverage

**** Sutter and WHA HMOs include basic VSP vision coverage