

2020-2021 PREMIUM RATES - CSROP EMPLOYEES

CAPPED AMOUNT: \$ 9,072.40

12 Pay Premium

	Blue Cross Plan 1	Blue Cross Plan 3	Blue Cross Plan 6	Blue Cross Plan 8	CVT Bronze Plan	High Deductible Plan 1	Blue Cross PPO Wellness	Delta Dental	Vision Services
Single	\$ 1,142.00	\$ 1,050.00	\$ 928.00	\$ 840.00	\$ 522.00	\$ 631.00	\$ 941.00	\$ 55.45	\$ 9.94
Single + 1	\$ 1,964.00	\$ 1,806.00	\$ 1,596.00	\$ 1,444.00	\$ 898.00	\$ 1,086.00	\$ 1,619.00	\$ 100.45	\$ 18.47
Single + Fmly	\$ 2,478.00	\$ 2,279.00	\$ 2,014.00	\$ 1,823.00	\$ 1,133.00	\$ 1,369.00	\$ 2,042.00	\$ 144.39	\$ 28.44
	RX Plan A	RX Plan B	RX Plan B	RX Plan B			RX Plan C		

12 Pay Premium

	Sutter/AETNA EPO-100	Sutter/AETNA EPO-90	Sutter/AETNA EPO-80	Sutter/AETNA EPO-70	Kaiser Plan 1	Kaiser Plan 6	Kaiser Plan 7	Kaiser Plan HSA	Kaiser Wellness	Monthly Cap Amount
Single	\$ 895.00	\$ 803.00	\$ 708.00	\$ 518.00	\$ 1,107.00	\$ 1,071.00	\$ 1,019.00	\$ 683.00	\$ 862.00	
Single + 1	\$ 1,539.00	\$ 1,381.00	\$ 1,217.00	\$ 891.00	\$ 1,903.00	\$ 1,842.00	\$ 1,752.00	\$ 1,174.00	\$ 1,481.00	
Single + Fmly	\$ 1,942.00	\$ 1,743.00	\$ 1,537.00	\$ 1,124.00	\$ 2,400.00	\$ 2,323.00	\$ 2,209.00	\$ 1,461.00	\$ 1,868.00	\$ 756.03
	RX Plan A	RX Plan B	RX Plan B	RX Plan C						

**PLEASE REMEMBER - EVEN IF YOU OPT FOR 12 PAY,
ALL PREMIUMS MUST BE TAKEN OUT OF 10 CHECKS ONLY.**