

2018 Monthly Rate Comparison



Kaiser Permanente

Employee Only
Two-Party
Family

Anthem Blue Cross HMO

Employee Only
Two-Party
Family

Anthem Blue Cross PPO

Employee Only
Two-Party
Family

Anthem Blue Cross CDHP

Employee Only
Two-Party
Family

Delta Dental DHMO

Employee Only
Two-Party
Family

Delta Dental PPO

Employee Only
Two-Party
Family

VSP - Vision

Employee Only
Two-Party
Family

CURRENT	RENEWAL	\$ Change
\$637.74	\$655.00	\$17.26
\$1,338.47	\$1,375.00	\$36.53
\$1,912.24	\$1,965.00	\$52.76
\$640.00	\$667.00	\$27.00
\$1,343.00	\$1,400.00	\$57.00
\$1,919.00	\$2,000.00	\$81.00
\$808.00	\$843.00	\$35.00
\$1,696.00	\$1,769.00	\$73.00
\$2,423.00	\$2,528.00	\$105.00
\$594.00	\$620.00	\$26.00
\$1,248.00	\$1,302.00	\$54.00
\$1,782.00	\$1,859.00	\$77.00
\$13.62	\$14.03	\$0.41
\$21.05	\$21.68	\$0.63
\$27.91	\$28.75	\$0.84
\$66.40	\$61.20	(\$5.20)
\$140.10	\$129.10	(\$11.00)
\$187.50	\$172.70	(\$14.80)
\$12.22	\$13.25	\$1.03
\$23.47	\$24.50	\$1.03
\$33.59	\$34.62	\$1.03