

## Out of Area Resident Health Benefits

You must live in the approved regions to qualify for these medical benefits.

Plan Year: July 1, 2023 - June 30, 2024

Out of Area Medical Plans	Use this form to help you determine your monthly health benefit cost. Pay special attention to the monthly contribution rate. Enter the monthly amount to be deducted in the space provided.		1. Change to your FTE  1.0000	2. Refer to the column below that matches your position  If you work 220+ days per fiscal year ↓ Your monthly Contribution  If you work 220 days or less in a fiscal year ↓ Your monthly Contribution		3. Fill in contribution totals  Your Monthly Contribution
	Plans	Plan Cost	CAP			
	<b>Kaiser HMO \$25 w/ chiro 600559D (must live/work in Kaiser approved region)</b>					
	Employee Only	\$935.00	\$699.00		\$236.00	\$257.45
	Employee + Spouse/Domestic Partner	\$1,869.00	\$1,223.00		\$646.00	\$704.73
	Employee + Children	\$1,420.00	\$1,049.00		\$371.00	\$404.73
	Employee + Family	\$2,195.00	\$1,398.00		\$797.00	\$869.45
	<b>Kaiser HMO \$25 w/chiro &amp; optical 600559E (must live/work in Kaiser approved region)</b>					
	Employee Only	\$943.00	\$699.00		\$244.00	\$266.18
	Employee + Spouse/Domestic Partner	\$1,886.00	\$1,223.00		\$663.00	\$723.27
	Employee + Children	\$1,434.00	\$1,049.00		\$385.00	\$420.00
	Employee + Family	\$2,216.00	\$1,398.00		\$818.00	\$892.36
	<b>Kaiser High Deductible HMO HD Plan 602214B (\$2000/\$3000/\$4000) w/ HSA option (must live/work in Kaiser approved region)</b>					
	Employee Only	\$668.00	\$699.00		-\$31.00	-\$33.82
	Employee + Spouse/Domestic Partner	\$1,332.00	\$1,223.00		\$109.00	\$118.91
	Employee + Children	\$1,013.00	\$1,049.00		-\$36.00	-\$39.27
	Employee + Family	\$1,565.00	\$1,398.00		\$167.00	\$182.18
	<b>Kaiser High Deductible HMO HD Plan 607771B (\$3000/\$3000/\$6000) w/ HSA option (must live/work in Kaiser approved region)</b>					
	Employee Only	\$575.00	\$699.00		-\$124.00	-\$135.27
	Employee + Spouse/Domestic Partner	\$1,146.00	\$1,223.00		-\$77.00	-\$84.00
	Employee + Children	\$872.00	\$1,049.00		-\$177.00	-\$193.09
	Employee + Family	\$1,346.00	\$1,398.00		-\$52.00	-\$56.73
	<b>Sutter Health Plus HMO (SHHMO) (must live/work in Sutter Health approved region)</b>					
	Employee Only	\$904.00	\$699.00		\$205.00	\$223.64
	Employee + Spouse/Domestic Partner	\$1,806.00	\$1,223.00		\$583.00	\$636.00
	Employee + Children	\$1,373.00	\$1,049.00		\$324.00	\$353.45
	Employee + Family	\$2,123.00	\$1,398.00		\$725.00	\$790.91
	<b>Sutter Health Plus High Deductible HMO (\$1500/\$3000/\$3000) w/ HSA option (SHMID) (must live/work in Sutter Health approved region)</b>					
	Employee Only	\$676.00	\$699.00		-\$23.00	-\$25.09
	Employee + Spouse/Domestic Partner	\$1,348.00	\$1,223.00		\$125.00	\$136.36
	Employee + Children	\$1,024.00	\$1,049.00		-\$25.00	-\$27.27
	Employee + Family	\$1,583.00	\$1,398.00		\$185.00	\$201.82
	<b>Sutter Health Plus High Deductible HMO (\$2500/\$3000/\$5000) w/ HSA option (SHHDP) (must live/work in Sutter Health approved region)</b>					
	Employee Only	\$599.00	\$699.00		-\$100.00	-\$109.09
	Employee + Spouse/Domestic Partner	\$1,194.00	\$1,223.00		-\$29.00	-\$31.64
	Employee + Children	\$907.00	\$1,049.00		-\$142.00	-\$154.91
	Employee + Family	\$1,402.00	\$1,398.00		\$4.00	\$4.36
	<b>Western Health Advantage HMO Premier 25 (WHHMO) (must live/work in Western Health approved region)</b>					
	Employee Only	\$780.00	\$699.00		\$81.00	\$88.36
	Employee + Spouse/Domestic Partner	\$1,559.00	\$1,223.00		\$336.00	\$366.55
	Employee + Children	\$1,185.00	\$1,049.00		\$136.00	\$148.36
	Employee + Family	\$1,832.00	\$1,398.00		\$434.00	\$473.45
	<b>Western Health Advantage High Deductible HMO (\$1800/\$3000/\$3600) w/ HSA option (WHMID) (must live/work in Western Health approved region)</b>					
	Employee Only	\$579.00	\$699.00		-\$120.00	-\$130.91
	Employee + Spouse/Domestic Partner	\$1,156.00	\$1,223.00		-\$67.00	-\$73.09
	Employee + Children	\$879.00	\$1,049.00		-\$170.00	-\$185.45
	Employee + Family	\$1,357.00	\$1,398.00		-\$41.00	-\$44.73
	<b>Western Health Advantage High Deductible HMO (\$2800/\$3000/\$5600) w/ HSA option (WHHDP) (must live/work in Western Health approved region)</b>					
	Employee Only	\$503.00	\$699.00		-\$196.00	-\$213.82
	Employee + Spouse/Domestic Partner	\$1,003.00	\$1,223.00		-\$220.00	-\$240.00
	Employee + Children	\$763.00	\$1,049.00		-\$286.00	-\$312.00
	Employee + Family	\$1,178.00	\$1,398.00		-\$220.00	-\$240.00
Vision	<b>VSP Vision Services (Plan B - VSB00)</b>					
	Employee Only	\$22.70			\$22.70	\$24.76
	Employee + Family	\$22.70			\$22.70	\$24.76
Dental	<b>Delta Dental (Plan DEL1B)</b>					
	Employee Only	\$125.75			\$125.75	\$137.18
	Employee + Family	\$125.75			\$125.75	\$137.18
Life	<b>The Hartford Life Insurance (\$40,000)</b>					
	Employee Only	\$5.60	\$5.60		\$0.00	\$0.00
Waiver	<b>Waiver of Coverage</b>					
	Waive Medical, Dental, Vision, Life insurance	\$300.00			\$0.00	\$0.00

\$300 NCSOS cost, if full-time employee