

**SIERRA VIEW MEDICAL CENTER
 MEDICAL/DENTAL/VISION INSURANCE PREMIUMS
 EFFECTIVE 01/01/2019 - 12/31/2019**

UNITED HEALTH CARE INSURANCE PREMIUMS

Category	Type	HMO	Per	PPO	Per
		Monthly	Pay Period*	Monthly	Pay Period*
Employee Only	FT Employee	\$73.13	(\$ 33.75/PP)	\$409.86	(\$189.17/PP)
	SVDH	\$520.47		\$520.47	
	PT Employee	\$593.60	(\$273.97/PP)	\$930.33	(\$429.38/PP)
Employee & Spouse	FT Employee	\$353.69	(\$163.24/PP)	\$797.09	(\$367.89/PP)
	SVDH	\$952.21		\$952.21	
	PT Employee	\$1,305.90	(\$602.72/PP)	\$1,749.30	(\$807.37/PP)
Employee + Child(ren)	FT Employee	\$295.24	(\$136.26/PP)	\$951.90	(\$439.34/PP)
	SVDH	\$862.24		\$862.24	
	PT Employee	\$1,157.48	(\$534.22/PP)	\$1,814.14	(\$837.30/PP)
Employee & Family	FT Employee	\$553.59	(\$255.50/PP)	\$1,582.35	(\$730.32/PP)
	SVDH	\$1,259.84		\$1,259.84	
	PT Employee	\$1,813.43	(\$836.97/PP)	\$2,842.19	(\$1,311.78/PP)

DELTA DENTAL INSURANCE PREMIUMS

Category	Type	HMO	Per	PPO	Per
		Monthly	Pay Period*	Monthly	Pay Period*
Employee Only	FT Employee	\$17.33	(\$8.00/PP)	\$37.00	(\$17.08/PP)
	SVDH	\$4.27		\$4.27	
	PT Employee	\$21.60	(\$9.97/PP)	\$41.27	(\$19.05/PP)
Employee & Spouse	FT Employee	\$29.20	(\$13.48PP)	\$71.16	(\$32.84/PP)
	SVDH	\$7.86		\$7.86	
	PT Employee	\$37.06	(\$17.10/PP)	\$79.02	(\$36.47/PP)
Employee + Child(ren)	FT Employee	\$33.27	(\$15.36/PP)	\$74.00	(\$34.15/PP)
	SVDH	\$4.05		\$4.05	
	PT Employee	\$37.32	(\$17.22/PP)	\$78.05	(\$36.02/PP)
Employee & Family	FT Employee	\$45.04	(\$20.79/PP)	\$128.49	(\$59.30/PP)
	SVDH	\$8.73		\$8.73	
	PT Employee	\$53.77	(\$24.82/PP)	\$137.22	(\$63.33/PP)

MES VISION INSURANCE PREMIUMS

	Per
	Monthly Pay Period*
Employee Only	\$10.12 (\$4.67/PP)
Employee & Spouse	\$17.14 (\$7.91/PP)
Employee & Child(ren)	\$17.30 (\$7.99/PP)
Employee & Family	\$28.70 (\$13.25/PP)

***Payments will be deducted from all 26 pay periods.**