

**SCLEA, SCLEMA, and SCPDIA Represented Employees  
Health Premium Transition From Bi-Weekly to Semi-Monthly Rates**

	Current			Transition from Bi-Weekly to Semi-Monthly Premium Deductions			Semi-Monthly		
Pay Check Date(s):	6/15/2016			6/29/2016			7/13/2016		
Coverage period:	6/15/2016 through 6/28/2016 (14 Days of Coverage)			6/29/2016 through 6/30/2016 (Prorated for 2 Days of Coverage)			Half of the Monthly Premium Collected From the First and Second Checks of the Month *		
Health Plans	Premium	County Contribution	Employee Cost	Premium	County Contribution	Employee Cost	Premium	County Contribution	Employee Cost
<b>CHP EPO</b>									
Single	\$ 490.96	\$ 229.98	\$ 260.98	\$ 70.14	\$ 32.86	\$ 37.28	\$ 533.69	\$ 278.50	\$ 255.19
Two-Party	\$ 959.05	\$ 229.98	\$ 729.07	\$ 137.00	\$ 32.86	\$ 104.14	\$ 1,042.53	\$ 556.50	\$ 486.03
Family	\$ 1,337.76	\$ 229.98	\$ 1,107.78	\$ 191.10	\$ 32.86	\$ 158.24	\$ 1,454.20	\$ 787.50	\$ 666.70
<b>CHP PPO</b>									
Single	\$ 596.20	\$ 229.98	\$ 366.22	\$ 85.18	\$ 32.86	\$ 26.16	\$ 648.09	\$ 278.50	\$ 369.59
Two-Party	\$ 1,171.95	\$ 229.98	\$ 941.97	\$ 167.42	\$ 32.86	\$ 134.56	\$ 1,273.96	\$ 556.50	\$ 717.46
Family	\$ 1,637.74	\$ 229.98	\$ 1,407.76	\$ 233.96	\$ 32.86	\$ 201.10	\$ 1,780.29	\$ 787.50	\$ 992.79
<b>KAISER HMO</b>									
Single	\$ 319.88	\$ 229.98	\$ 89.90	\$ 45.70	\$ 32.86	\$ 12.84	\$ 347.72	\$ 278.50	\$ 69.22
Two-Party	\$ 639.76	\$ 229.98	\$ 409.78	\$ 91.40	\$ 32.86	\$ 58.54	\$ 695.45	\$ 556.50	\$ 138.95
Family	\$ 905.26	\$ 229.98	\$ 675.28	\$ 129.32	\$ 32.86	\$ 96.46	\$ 984.06	\$ 787.50	\$ 196.56
<b>KAISER HOSP SERVICES</b>									
Single	\$ 257.55	\$ 229.98	\$ 27.57	\$ 36.80	\$ 32.86	\$ 1.97	\$ 279.97	\$ 278.50	\$ 1.47
Two-Party	\$ 515.10	\$ 229.98	\$ 285.12	\$ 73.58	\$ 32.86	\$ 40.72	\$ 559.94	\$ 556.50	\$ 3.44
Family	\$ 728.89	\$ 229.98	\$ 498.91	\$ 104.12	\$ 32.86	\$ 71.26	\$ 792.33	\$ 787.50	\$ 4.83
<b>KAISER DEDUCTIBLE FIRST</b>									
Single	\$ 239.00	\$ 229.98	\$ 9.02	\$ 34.14	\$ 32.86	\$ 1.28	\$ 259.80	\$ 259.80	\$ -
Two-Party	\$ 477.99	\$ 229.98	\$ 248.01	\$ 68.28	\$ 32.86	\$ 35.42	\$ 519.60	\$ 519.60	\$ -
Family	\$ 676.37	\$ 229.98	\$ 446.39	\$ 96.62	\$ 32.86	\$ 63.76	\$ 735.24	\$ 735.24	\$ -
<b>SUTTER HEALTH PLUS HMO</b>									
Single	\$ 264.51	\$ 229.98	\$ 34.53	\$ 37.78	\$ 32.86	\$ 4.92	\$ 287.53	\$ 278.50	\$ 9.03
Two-Party	\$ 529.05	\$ 229.98	\$ 299.07	\$ 75.58	\$ 32.86	\$ 42.72	\$ 575.10	\$ 556.50	\$ 18.60
Family	\$ 748.68	\$ 229.98	\$ 518.70	\$ 106.96	\$ 32.86	\$ 74.10	\$ 813.85	\$ 787.50	\$ 26.35
<b>WESTERN HEALTH ADVANTAGE HMO</b>									
Single	\$ 306.96	\$ 229.98	\$ 76.98	\$ 43.86	\$ 32.86	\$ 5.50	\$ 333.68	\$ 278.50	\$ 55.18
Two-Party	\$ 613.92	\$ 229.98	\$ 383.94	\$ 87.70	\$ 32.86	\$ 54.84	\$ 667.36	\$ 556.50	\$ 110.86
Family	\$ 868.71	\$ 229.98	\$ 638.73	\$ 124.10	\$ 32.86	\$ 91.24	\$ 944.32	\$ 787.50	\$ 156.82
<b>VSP</b>	\$ 7.32	\$ 7.32	\$ -	\$ -	\$ -	\$ -	\$ 8.31	\$ 8.31	\$ -
<b>DELTA DENTAL</b>	\$ 62.56	\$ 50.56	\$ 12.00	\$ 8.94	\$ 7.22	\$ 1.72	\$ 69.72	\$ 56.68	\$ 13.04