



## Samuel Merritt University (Co. 215) 2019 Health Insurance Rates

For Benefit Eligible Management Represented Employees  
Full Time 80 hours per pay period  
Part Time 40-79 hours per pay period

2019 Plan	Tier Structure EE = Employee	2019 Total Monthly Cost	Total Cost Per Pay Period	2019 Employee Monthly Cost	2019 Employee Cost Per Pay Period	2019 Employer Monthly Cost	Employer Cost Per Pay Period
<b>SutterSelect EPO Plus</b> <i>with wellness</i>	EE Only	\$703.94	\$324.90	\$0.00	<b>\$0.00</b>	\$703.94	\$324.90
	EE + Spouse	\$1,365.64	\$630.30	\$0.00	<b>\$0.00</b>	\$1,365.64	\$630.30
	EE + Child(ren)	\$1,288.21	\$594.56	\$0.00	<b>\$0.00</b>	\$1,288.21	\$594.56
	EE + Family	\$1,949.91	\$899.96	\$0.00	<b>\$0.00</b>	\$1,949.91	\$899.96
<b>SutterSelect EPO Plus</b> <i>without wellness</i>	EE Only	\$703.94	\$324.90	\$35.20	<b>\$16.25</b>	\$668.74	\$308.65
	EE + Spouse	\$1,365.64	\$630.30	\$68.28	<b>\$31.52</b>	\$1,297.36	\$598.78
	EE + Child(ren)	\$1,288.21	\$594.56	\$64.41	<b>\$29.73</b>	\$1,223.80	\$564.83
	EE + Family	\$1,949.91	\$899.96	\$97.50	<b>\$45.00</b>	\$1,852.41	\$854.96
<b>SutterSelect PPO</b> <i>with wellness</i>	EE Only	\$936.24	\$432.11	\$75.44	<b>\$34.82</b>	\$860.80	\$397.29
	EE + Spouse	\$1,816.30	\$838.29	\$207.45	<b>\$95.74</b>	\$1,608.85	\$742.55
	EE + Child(ren)	\$1,713.32	\$790.76	\$192.00	<b>\$88.61</b>	\$1,521.32	\$702.15
	EE + Family	\$2,593.38	\$1,196.94	\$324.01	<b>\$149.54</b>	\$2,269.37	\$1047.40
<b>SutterSelect PPO</b> <i>without wellness</i>	EE Only	\$936.24	\$432.11	\$267.50	<b>\$123.46</b>	\$668.74	\$308.65
	EE + Spouse	\$1,816.30	\$838.29	\$518.94	<b>\$239.51</b>	\$1,297.36	\$598.78
	EE + Child(ren)	\$1,713.32	\$790.76	\$489.52	<b>\$225.93</b>	\$1,223.80	\$564.83
	EE + Family	\$2,593.38	\$1,196.94	\$740.97	<b>\$341.98</b>	\$1,852.41	\$854.96
<b>Full Time M/D/V Rebate</b>		\$400.00	\$184.62				
<b>Part Time M/D/V Rebate</b>		\$200.00	\$92.31				
<b>Dental PPO Plus</b>	EE Only	\$57.96	\$26.75	\$6.27	<b>\$2.89</b>	\$51.69	\$23.86
	EE + Spouse	\$112.44	\$51.90	\$12.17	<b>\$5.62</b>	\$100.27	\$46.28
	EE + Child(ren)	\$131.77	\$60.82	\$14.26	<b>\$6.58</b>	\$117.51	\$54.24
	EE + Family	\$191.03	\$88.17	\$20.67	<b>\$9.54</b>	\$170.36	\$78.63
<b>Dental PPO</b>	EE Only	\$51.69	\$23.86	\$0.00	<b>\$0.00</b>	\$51.69	\$23.86
	EE + Spouse	\$100.27	\$46.28	\$0.00	<b>\$0.00</b>	\$100.27	\$46.28
	EE + Child(ren)	\$117.51	\$54.24	\$0.00	<b>\$0.00</b>	\$117.51	\$54.24
	EE + Family	\$170.36	\$78.63	\$0.00	<b>\$0.00</b>	\$170.36	\$78.63
<b>Dental DMO</b>	EE Only	\$26.71	\$12.33	\$0.00	<b>\$0.00</b>	\$26.71	\$12.33
	EE + Spouse	\$51.60	\$23.82	\$0.00	<b>\$0.00</b>	\$51.60	\$23.82
	EE + Child(ren)	\$47.74	\$22.03	\$0.00	<b>\$0.00</b>	\$47.74	\$22.03
	EE + Family	\$73.98	\$34.14	\$0.00	<b>\$0.00</b>	\$73.98	\$34.14
<b>Vision</b>	EE Only	\$4.60	\$2.12	\$0.00	<b>\$0.00</b>	\$4.60	\$2.12
	EE + Spouse	\$10.41	\$4.80	\$0.00	<b>\$0.00</b>	\$10.41	\$4.80
	EE + Child(ren)	\$8.17	\$3.77	\$0.00	<b>\$0.00</b>	\$8.17	\$3.77
	EE + Family	\$12.11	\$5.59	\$0.00	<b>\$0.00</b>	\$12.11	\$5.59
<b>Vision Plus</b>	EE Only	\$13.50	\$6.23	\$8.90	<b>\$4.11</b>	\$4.60	\$2.12
	EE + Spouse	\$30.52	\$14.09	\$20.11	<b>\$9.29</b>	\$10.41	\$4.80
	EE + Child(ren)	\$23.93	\$11.04	\$15.76	<b>\$7.27</b>	\$8.17	\$3.77
	EE + Family	\$35.48	\$16.38	\$23.37	<b>\$10.79</b>	\$12.11	\$5.59