

DCTA 2017-2018 Rates

Plan	Coverage Level	Premium Rate	DPS Contribution	Total Monthly Premium Cost to Employee
Kaiser 3500 Deductible CDHP	Employee Only	327.23	422.17	0.00
	Employee and Spouse	768.99	422.17	346.82
	Employee and Children	647.91	484.67	163.24
	Family	1070.09	484.67	585.42
Kaiser 2600 Deductible CDHP	Employee Only	393.65	422.17	0.00
	Employee and Spouse	925.08	422.17	502.91
	Employee and Children	779.43	484.67	294.76
	Family	1287.25	484.67	802.58
Kaiser 1300 Deductible CDHP	Employee Only	456.87	422.17	34.70
	Employee and Spouse	1073.66	422.17	651.49
	Employee and Children	904.61	484.67	419.94
	Family	1493.98	484.67	1,009.31
Kaiser 1000 Deductible DHMO	Employee Only	500.37	468.00	32.37
	Employee and Spouse	1175.87	468.00	707.87
	Employee and Children	990.74	530.50	460.24
	Family	1636.21	530.50	1,105.71
DHMP 3500 Deductible CDHP	Employee Only	346.25	422.17	0.00
	Employee and Spouse	796.37	422.17	374.20
	Employee and Children	623.25	484.67	138.58
	Family	986.81	484.67	502.14
DHMP 2600 Deductible CDHP	Employee Only	467.95	422.17	45.78
	Employee and Spouse	1076.29	422.17	654.12
	Employee and Children	842.32	484.67	357.65
	Family	1333.67	484.67	849.00
DHMP 1300 Deductible CDHP	Employee Only	761.26	422.17	339.09
	Employee and Spouse	1751.1	422.17	1,328.93
	Employee and Children	1370.4	484.67	885.73
	Family	2169.88	484.67	1,685.21
DHMP 1000 Deductible DHMO	Employee Only	454.9	468.00	0.00
	Employee and Spouse	1046.27	468.00	578.27
	Employee and Children	818.82	530.50	288.32
	Family	1296.47	530.50	765.97

* DPS Contribution as shown do not include the annual \$750 DPS HSA contribution