

**LMU Insurance Premium Costs Per Paycheck (Semi-Monthly)
Effective January 1, 2017 - December 31, 2017**

Medical Plan	Salary Tier 1 Less than \$35,000 Your Cost Per Paycheck	Salary Tier 2 \$35,000 - \$69,999 Your Cost Per Paycheck	Salary Tier 3 \$70,000 - \$99,999 Your Cost Per Paycheck	Salary Tier 4 \$100,000 or more Your Cost Per Paycheck	*Total Premium Per Paycheck
Anthem Blue Cross PPO					
You	\$58.36	\$77.82	\$97.26	\$117.64	\$389.24
You + One	\$122.59	\$163.45	\$204.31	\$245.17	\$817.44
You + Two or More	\$175.14	\$233.52	\$274.38	\$315.04	\$1,167.76
Anthem Blue Cross HMO					
You	\$41.11	\$51.88	\$62.65	\$73.42	\$289.18
You + One	\$74.61	\$105.38	\$138.88	\$172.38	\$607.27
You + Two or More	\$108.11	\$139.88	\$173.38	\$206.88	\$867.55
Anthem Blue Cross HealthSave					
You	\$35.38	\$47.17	\$58.96	\$70.75	\$263.56
You + One	\$74.32	\$99.10	\$123.87	\$148.65	\$553.50
You + Two or More	\$106.19	\$141.58	\$176.98	\$212.37	\$790.72
Kaiser Permanente HMO					
You	\$100.00	\$110.00	\$120.00	\$130.00	\$266.00
You + One	\$110.00	\$120.00	\$130.00	\$140.00	\$558.61
You + Two or More	\$100.00	\$110.00	\$120.00	\$130.00	\$798.01

	Your Cost Per Paycheck	*Total Premium Per Paycheck
Delta Dental PPO/Vision Service Plan		
You	\$0.00	\$25.92
You + One	\$2.50	\$49.98
You + Two or More	\$7.50	\$76.76
DeltaCare USA (DHMO)/Vision Service Plan		
You	\$0.00	\$11.22
You + One	\$0.00	\$20.44
You + Two or More	\$0.00	\$32.39

** This amount doubled is the full monthly premium charged by the carrier. LMU pays the difference between the total premium and your contribution.*