

**LMU Insurance Premium Costs Per Paycheck (Semi-Monthly)
Effective January 1, 2016 - December 31, 2016**

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	\$55.21	\$73.62	\$92.02	\$110.42	\$368.27
You + One	\$115.98	\$154.64	\$193.30	\$231.96	\$773.39
You + Two or More	\$165.70	\$220.93	\$276.16	\$331.39	\$1,104.84
Anthem Blue Cross HMO					
You	\$40.92	\$54.56	\$68.21	\$81.85	\$273.01
You + One	\$85.97	\$114.62	\$143.28	\$171.94	\$573.31
You + Two or More	\$122.82	\$163.77	\$204.71	\$245.65	\$819.02
Anthem Blue Cross HealthSave					
You	\$35.38	\$47.17	\$58.96	\$70.75	\$248.78
You + One	\$74.32	\$99.10	\$123.87	\$148.65	\$522.46
You + Two or More	\$106.19	\$141.58	\$176.98	\$212.37	\$746.37
Kaiser Permanente HMO					
You	\$35.48	\$47.30	\$59.13	\$70.96	\$236.70
You + One	\$74.53	\$99.38	\$124.22	\$149.07	\$497.07
You + Two or More	\$106.49	\$141.98	\$177.48	\$212.97	\$710.10

	Your Cost Per Paycheck	*Total Premium Per Paycheck
Delta Dental PPO/Vision Service Plan		
You	\$0.00	\$26.38
You + One	\$2.50	\$50.89
You + Two or More	\$7.50	\$78.12
DeltaCare USA (DHMO)/Vision Service Plan		
You	\$0.00	\$11.23
You + One	\$0.00	\$20.45
You + Two or More	\$0.00	\$32.40

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