

**2018-19 CERTIFICATED RATES  
(TENTATIVE) Effective 10/1/18**

<b>HEALTH PLANS (Includes Dental, Vision, EAP, and Life Insurance)</b>	<b>FULL &amp; PRELIMINARY</b>	<b>PIPS/STIP/WAIVER/INTERN</b>
<b>BLUE CROSS PPO OPT 1 (90/10%)</b>		
<b>Deduct \$100/300, co-ins \$1,000/3,000, \$10 office visit, RX \$7/\$25</b>		
DELTA INCENTIVE	\$515.16	\$1,088.70
DELTA DPO	\$537.36	\$1,133.10
DELTA PMI	\$449.70	\$957.78
<b>BLUE CROSS PPO OPT 2 (100%)</b>		
<b>Deduct \$100/300, co-ins \$0, \$0 office visit, RX \$7/\$25</b>		
DELTA INCENTIVE	\$614.76	\$1,287.90
DELTA DPO	\$636.96	\$1,332.30
DELTA PMI	\$549.30	\$1,156.98
<b>BLUE CROSS PPO OPT 3 (90/10%)</b>		
<b>Deduct \$300/600, co-ins \$1,000/3,000, \$20 office visit, RX \$7/\$25</b>		
DELTA INCENTIVE	\$347.16	\$752.70
DELTA DPO	\$369.36	\$797.10
DELTA PMI	\$281.70	\$621.78
<b>BLUE CROSS PPO OPT 4 (80/20%)</b>		
<b>Deduct \$2,000/4,000, co-ins \$4,000/8,000, \$30 office visit, RX \$9/\$35</b>		
DELTA INCENTIVE	\$0.00	\$45.54
DELTA DPO	\$9.36	\$77.10
DELTA PMI	\$0.00	\$0.00
<b>KAISER HMO OPT 1 (100%)</b>		
<b>Deductible \$0, co-ins \$0, \$0 office visit, RX \$5</b>		
DELTA INCENTIVE	\$122.28	\$302.94
DELTA DPO	\$144.48	\$347.34
DELTA PMI	\$56.82	\$172.02
<b>KAISER HMO OPT 2 (100%)</b>		
<b>Deductible \$0, co-ins \$0, \$30 office visit, RX \$10/30</b>		
DELTA INCENTIVE	\$7.08	\$72.54
DELTA DPO	\$29.28	\$116.94
DELTA PMI	\$0.00	\$0.00