

# 2019 HEALTH, DENTAL AND VISION RATES



Western contributes \$2,191.73 per month toward the cost of medical, dental and vision benefits. Rates are effective January 1 through December 31, 2019.

Employees opting out of Western's medical plan, receive a monthly payment in the amount of \$618.22. Proof of coverage in another medical plan is required.

Medical Provider	Level of Coverage	Monthly Premium
Anthem Blue Cross Prudent Buyer Classic (PPO 200)	Employee Only	\$ 895.35
	Employee Plus One Dependent	\$ 1,825.09
	Employee Plus Family	\$ 2,356.37
Anthem Blue Cross Prudent Buyer Advantage (PPO 500)	Employee Only	\$ 753.67
	Employee Plus One Dependent	\$ 1,534.66
	Employee Plus Family	\$ 1,980.93
Anthem Blue Cross CaliforniaCare (HMO)	Employee Only	\$ 789.88
	Employee Plus One Dependent	\$ 1,569.85
	Employee Plus Family	\$ 2,105.63
Kaiser Permanente with Chiro (HMO)	Employee Only	\$ 623.16
	Employee Plus One Dependent	\$ 1,236.43
	Employee Plus Family	\$ 1,745.45
Dental Provider	Level of Coverage	Monthly Premium
Delta Dental (PPO – Fee For Service)	Employee Only	\$ 65.02
	Employee Plus One Dependent	\$ 121.97
	Employee Plus Family	\$ 170.56
DeltaCare (DMO)	Employee Only	\$ 16.53
	Employee Plus One Dependent	\$ 30.43
	Employee Plus Family	\$ 48.83
Vision Provider	Level of Coverage	Monthly Premium
Vision Service Plan	All Levels	\$ 18.85