



Archdiocese of San Francisco

Employee/Employer Health Insurance Premiums
July 1, 2017-June 30, 2018
FOR ARCHDIOCESEAN EMPLOYEES ONLY

rev 4/6/2017



Type of Coverage		Monthly-Semi Monthly Premiums		
RETA Kaiser EPO				
	Employee Semi-Monthly	Employee Monthly	Employer	Total
Employee	\$ 59.25	\$ 118.50	\$ 551.50	\$ 670.00
Employee + Spouse	\$ 197.00	\$ 394.00	\$ 1,006.00	\$ 1,400.00
Employee + Child(ren)	\$ 192.00	\$ 384.00	\$ 915.00	\$ 1,299.00
Employee + Family	\$ 318.00	\$ 636.00	\$ 1,264.00	\$ 1,900.00
RETA Anthem Blue Cross EPO 90				
	Employee Semi-Monthly	Employee Monthly	Employer	Total
Employee	\$ 95.00	\$ 190.00	\$ 910.00	\$ 1,100.00
Employee + Spouse	\$ 352.50	\$ 705.00	\$ 1,772.00	\$ 2,477.00
Employee + Child(ren)	\$ 299.00	\$ 598.00	\$ 1,432.00	\$ 2,030.00
Employee + Family	\$ 567.50	\$ 1,135.00	\$ 2,245.00	\$ 3,380.00

KAISER premium includes: Medical, Dental, Vision, and Basic Life Insurance coverages*

Anthem BLUE CROSS premium includes: Medical, Dental, Vision, and Basic Life* Insurance*

** Coverage for Employee only*

Benefit Provider Contact Information			
Reta EPO	Anthem Blue Cross	(888) 722-1077	www.anthem.com
Prescriptions	Envision Rx	(844) 852-7437	www.EnvisionRx.com
Vision	Medical Eye Services	(800) 877-6372	www.mesvision.com
Dental	Delta Dental of California	(800) 765-6003	www.deltadentalins.com
Reta KAISER (includes Rx and Vision)	Kaiser Permanente	(800) 464-4000	www.kp.org

IMPORTANT NOTE: This comparison is designed to be a brief overview of the health plan offerings of the Reta Trust. See the plan description for a full description of covered provisions, limitations and exclusion, including customary and reasonable charges.

*Prepared by: Gallagher Benefit Services
CA License No. OD36879*

Page 2

Last Revised Date: May 10, 2016