PUBLIC EMPLOYEES HEALTH PROGRAM
STATE OF UTAH
MEDICAL INSURANCE CONTRIBUTIONS
JULY 2017 - JUNE 2018

BI-WEEKLY PREMIUMS

PEHP		Employer	Employer HSA	Employee	Total
PREFERRED CARE					
	SINGLE	$ 225.39	$ -	**$ 104.19**	$ 329.58
	DOUBLE	$ 464.72	$ -	**$ 214.87**	$ 679.59
	FAMILY	$ 620.39	$ -	**$ 286.82**	$ 907.21
ADVANTAGE CARE / SUMMIT CARE					
	SINGLE	$ 229.78	$ -	**$ 20.65**	$ 250.43
	DOUBLE	$ 473.77	$ -	**$ 42.58**	$ 516.35
	FAMILY	$ 632.48	$ -	**$ 56.84**	$ 689.32
SUMMIT/ADVANTAGE STAR					
	SINGLE	$ 194.93	$ 30.46	**$ -**	$ 225.39
	DOUBLE	$ 403.79	$ 60.92	**$ -**	$ 464.71
	FAMILY	$ 559.47	$ 60.92	**$ -**	$ 620.39
PREFERRED STAR					
	SINGLE	$ 194.93	$ 30.46	**$ 61.61**	$ 287.00
	DOUBLE	$ 403.80	$ 60.92	**$ 127.63**	$ 592.35
	FAMILY	$ 559.47	$ 60.92	**$ 176.84**	$ 797.23
Utah Basic Plus (Advantage Care and Summit Care)					
	SINGLE	$ 155.20	$ 70.18	**$ -**	$ 225.38
	DOUBLE	$ 324.35	$ 140.37	**$ -**	$ 464.72
	FAMILY	$ 480.02	$ 140.37	**$ -**	$ 620.39
Utah Basic Plus (Preferred Care)					
	SINGLE	$ 155.20	$ 70.18	**$ 49.06**	$ 274.44
	DOUBLE	$ 324.35	$ 140.37	**$ 102.52**	$ 567.24
	FAMILY	$ 480.02	$ 140.37	**$ 151.73**	$ 772.12

BI-WEEKLY DENTAL CONTRIBUTIONS

PEHP		Employer	Employer HSA	Employee	Total
TRADITIONAL					
	SINGLE	$ 12.22	$ -	**$ 2.46**	$ 14.68
	DOUBLE	$ 22.69	$ -	**$ 4.56**	$ 27.25
	FAMILY	$ 41.31	$ -	**$ 8.31**	$ 49.62
PREFERRED CHOICE					
	SINGLE	$ 12.22	$ -	**$ 1.36**	$ 13.58
	DOUBLE	$ 22.69	$ -	**$ 2.52**	$ 25.21
	FAMILY	$ 41.31	$ -	**$ 4.59**	$ 45.90
REGENCE EXPRESSIONS					
	SINGLE	$ 12.22	$ -	**$ 9.86**	$ 22.08
	DOUBLE	$ 22.69	$ -	**$ 17.39**	$ 40.08
	FAMILY	$ 41.31	$ -	**$ 30.85**	$ 72.16

BI-WEEKLY VISION CONTRIBUTIONS

		Employer	Employer HSA	Employee	Total
EYEMED - Eyewear Only					
	SINGLE	$ -	$ -	**$ 2.94**	$ 2.94
	DOUBLE	$ -	$ -	**$ 4.67**	$ 4.67
	FAMILY	$ -	$ -	**$ 6.40**	$ 6.40
OPTICARE - Eyewear Only					
	SINGLE	$ -	$ -	**$ 2.94**	$ 2.94
	DOUBLE	$ -	$ -	**$ 4.46**	$ 4.46
	FAMILY	$ -	$ -	**$ 6.29**	$ 6.29
EYEMED - Full					
	SINGLE	$ -	$ -	**$ 3.40**	$ 3.40
	DOUBLE	$ -	$ -	**$ 5.56**	$ 5.56
	FAMILY	$ -	$ -	**$ 7.71**	$ 7.71
OPTICARE - Full					
	SINGLE	$ -	$ -	**$ 3.83**	$ 3.83
	DOUBLE	$ -	$ -	**$ 6.10**	$ 6.10
	FAMILY	$ -	$ -	**$ 9.04**	$ 9.04