



# 2018 RATE SCHEDULE

## Spousal Surcharge

If your spouse has access to other employer-provided medical coverage and is enrolled in an Air Liquide medical plan, you will be charged a \$1,200 per year (or \$100 per month) surcharge in contributions. See the *What's Changing* section for more information.

## Tobacco User Rates

If you, your covered spouse/domestic partner or covered dependents use tobacco products, you will pay an additional \$50 per month/\$600 per year for health care coverage. The table below shows the tobacco user rates.

PLAN NAME	WHAT YOU PAY PER MONTH				
	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Spousal Surcharge
Choice Savings Plan	\$105.02	\$170.27	\$149.77	\$211.29	\$100.00
Standard PPO	\$274.73	\$503.49	\$413.30	\$633.78	\$100.00
Select ACO	\$216.40	\$381.14	\$314.06	\$471.55	\$100.00
Dental HMO	\$8.38	\$15.53	\$15.54	\$23.82	n/a
Dental PPO	\$24.44	\$40.14	\$40.15	\$59.78	n/a
Vision Plan	\$10.08	\$21.67	\$16.31	\$29.73	n/a

PLAN NAME	WHAT YOU PAY PER MONTH					
	Employee Only	Employee + Spouse	Employee + Child	Employee + Child(ren)	Employee + Family	Spousal Surcharge
Kaiser North CA HMO	\$364.52	\$439.86	\$439.86	\$521.41	\$521.41	\$100.00
Kaiser South CA HMO	\$377.53	\$444.34	\$444.34	\$571.82	\$571.82	\$100.00
Kaiser Portland HMO	\$401.66	\$482.13	\$482.13	\$482.13	\$569.27	\$100.00

## Non-Tobacco User Rates

If you, your covered spouse/domestic partner and covered dependents do not use tobacco, you are eligible for the non-tobacco user rates shown below. The table below shows the discounted rates.

PLAN NAME	WHAT YOU PAY PER MONTH				
	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Spousal Surcharge
Choice Savings Plan	\$55.02	\$120.27	\$99.77	\$161.29	\$100.00
Standard PPO	\$224.73	\$453.49	\$363.30	\$583.78	\$100.00
Select ACO	\$166.40	\$331.14	\$264.06	\$421.55	\$100.00
Dental HMO	\$8.38	\$15.53	\$15.54	\$23.82	n/a
Dental PPO	\$24.44	\$40.14	\$40.15	\$59.78	n/a
Vision Plan	\$10.08	\$21.67	\$16.31	\$29.73	n/a

PLAN NAME	WHAT YOU PAY PER MONTH					
	Employee Only	Employee + Spouse	Employee + Child	Employee + Child(ren)	Employee + Family	Spousal Surcharge
Kaiser North CA HMO	\$314.52	\$389.86	\$389.86	\$471.41	\$471.41	\$100.00
Kaiser South CA HMO	\$327.53	\$394.34	\$394.34	\$521.82	\$521.82	\$100.00
Kaiser Portland HMO	\$351.66	\$432.13	\$432.13	\$432.13	\$519.27	\$100.00