



Monthly Contribution Rates for PFSP Full-Time, Part-Time Option 1 and Part-Time Option 2

Effective January 1, 2017

Medical, Pharmacy, Dental, Vision and Life

	Providence Open Option (POS) Plan	Kaiser Permanente HMO	Providence Personal Option Plan
Full-Time*			
Member only	\$0	\$0	\$0
Member + one	\$17	\$18	\$20
Member + family	\$39	\$33	\$45
Part-Time Option 1*			
Member only	\$0	\$0	\$0
Member + one	\$554.91	\$608.10	\$667.15
Member + family	\$1,138.47	\$1,105.89	\$1,296.49

** Your Long Term Disability contribution will be taken out of your paycheck, on a post-tax basis. The amount is \$12.16 and will be in addition to the rates noted above.*

Medical and Pharmacy

	Providence Open Option (POS) Plan	Kaiser Permanente HMO	Providence Personal Option Plan
Part-Time Option 2			
Member only	\$0	\$0	\$0
Member + one	\$266.39	\$212.89	\$401.92
Member + family	\$778.22	\$557.05	\$957.40

Important: Rates are evaluated annually and are subject to change.