

Cost of Coverage (Full Time)

For full-time employees, Provident Credit Union pays for the full cost of coverage for employee only coverage on the Anthem and Kaiser HDHP Medical, Cigna Dental, and VSP Vision plans as well basic Life, AD&D, STD, and LTD coverage. You share in the cost of coverage for other plans and coverage levels.

In general, you pay for health coverage before federal, state, and social security taxes are withheld. Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Provident Credit Union if your domestic partner is your tax dependent. Costs shown below are per biweekly pay period (26 per year).

ANTHEM MEDICAL HDHP		Your Cost	KAISER MEDICAL HDHP HMO		Your Cost
Employee Only		\$0.00	Employee Only		\$0.00
Employee + Spouse/DP		\$86.00	Employee + Spouse/DP		\$86.00
Employee + Child(ren)		\$86.00	Employee + Child(ren)		\$86.00
Employee + Family		\$162.00	Employee + Family		\$162.00
ANTHEM MEDICAL HMO		Your Cost	KAISER MEDICAL HMO		Your Cost
Employee Only		\$20.00	Employee Only		\$20.00
Employee + Spouse/DP		\$140.00	Employee + Spouse/DP		\$130.00
Employee + Child(ren)		\$140.00	Employee + Child(ren)		\$130.00
Employee + Family		\$280.00	Employee + Family		\$260.00
ANTHEM MEDICAL PPO		Your Cost	VSP VISION		Your Cost
Employee Only		\$60.00	Employee Only		\$0.00
Employee + Spouse/DP		\$200.00	Employee + Spouse/DP		\$3.00
Employee + Child(ren)		\$200.00	Employee + Child(ren)		\$3.00
Employee + Family		\$380.00	Employee + Family		\$6.00
CIGNA DENTAL PPO		Your Cost	CIGNA DENTAL HMO		Your Cost
Employee Only		\$0.00	Employee Only		\$0.00
Employee + Spouse/DP		\$14.00	Employee + Spouse/DP		\$5.00
Employee + Child(ren)		\$14.00	Employee + Child(ren)		\$5.00
Employee + Family		\$28.00	Employee + Family		\$10.00

Provident employees who have other medical insurance and choose to waive Provident benefits they are otherwise eligible for are eligible to receive an opt-out credit of \$100 per pay period. To receive the credit, you must waive medical in the enrollment system and provide proof of other coverage to HR. The opt-out credit is paid on a go-forward basis after proof of other coverage is confirmed. You may still enroll in the dental and vision plans.