

**All Rep Units/Labor Groups except SPOA and 522  
01, 03, 04, 06, 07, 08, 09, 10, 11, 12, 14, 15, 16, 17, 20, 21, 22, 23**

Plan Choices	2018 Monthly Rates			2019 Monthly Rates			2019 Employer Contribution			2019 Employee Cost			2019 Biweekly Employee Cost		
	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
<b><u>Kaiser HMO</u></b>															
Single Employee	\$ 729.46	\$ 719.24	\$ 593.90	\$ 739.48	\$ 729.12	601.74	\$ 747.00	\$ 747.00	\$ 747.00	\$ (7.52)	\$ (17.88)	\$ (145.26)	\$ (3.76)	\$ (8.94)	\$ (72.63)
Employee + 1 dependent	\$ 1,458.92	\$ 1,438.48	\$ 1,187.80	\$ 1,478.94	\$ 1,458.22	1,203.48	\$ 1,193.00	\$ 1,193.00	\$ 1,193.00	\$ 285.94	\$ 265.22	\$ 10.48	\$ 142.97	\$ 132.61	\$ 5.24
Employee + 2 or more dep.	\$ 1,940.30	\$ 1,913.10	\$ 1,579.78	\$ 1,967.00	\$ 1,939.44	1,600.64	\$ 1,587.00	\$ 1,587.00	\$ 1,587.00	\$ 380.00	\$ 352.44	\$ 13.64	\$ 190.00	\$ 176.22	\$ 6.82
Domestic Partner - City Affidavit	\$ 729.46	\$ 719.24	\$ 593.90	\$ 739.46	\$ 729.10	601.74	\$ -	\$ -	\$ -	\$ 739.46	\$ 729.10	\$ 601.74	\$ 369.73	\$ 364.55	\$ 300.87
Negative amounts = Flex Credits to offset Dental and/or Vision if enrolled															
<b><u>Western Health Advantage</u></b>															
Single Employee	\$ 734.74	\$ 722.22	\$ 563.88	\$ 756.04	\$ 743.16	\$ 580.22	\$ 747.00	\$ 747.00	\$ 747.00	\$ 9.04	\$ (3.84)	\$ (166.78)	\$ 4.52	\$ (1.92)	\$ (83.39)
Employee + 1 dependent	\$ 1,469.44	\$ 1,444.44	\$ 1,127.74	\$ 1,512.04	\$ 1,486.32	\$ 1,160.44	\$ 1,193.00	\$ 1,193.00	\$ 1,193.00	\$ 319.04	\$ 293.32	\$ (32.56)	\$ 159.52	\$ 146.66	\$ (16.28)
Employee + 2 or more dep.	\$ 1,954.38	\$ 1,921.12	\$ 1,499.88	\$ 2,011.06	\$ 1,976.82	\$ 1,543.38	\$ 1,587.00	\$ 1,587.00	\$ 1,587.00	\$ 424.06	\$ 389.82	\$ (43.62)	\$ 212.03	\$ 194.91	\$ (21.81)
Domestic Partner - City Affidavit	\$ 734.70	\$ 722.22	\$ 563.86	\$ 756.00	\$ 743.16	\$ 580.22	\$ -	\$ -	\$ -	\$ 756.00	\$ 743.16	\$ 580.22	\$ 378.00	\$ 371.58	\$ 290.11
Negative amounts = Flex Credits to offset Dental and/or Vision if enrolled															
<b><u>Sutter Health Plus</u></b>															
Single Employee	\$ 719.42	\$ 693.06	\$ 589.00	\$ 758.90	\$ 731.10	\$ 621.34	\$ 747.00	\$ 747.00	\$ 747.00	\$ 11.90	\$ (15.90)	\$ (125.66)	\$ 5.95	\$ (7.95)	\$ (62.83)
Employee + 1 dependent	\$ 1,438.78	\$ 1,386.10	\$ 1,177.86	\$ 1,517.72	\$ 1,462.14	\$ 1,242.52	\$ 1,193.00	\$ 1,193.00	\$ 1,193.00	\$ 324.72	\$ 269.14	\$ 49.52	\$ 162.36	\$ 134.57	\$ 24.76
Employee + 2 or more dep.	\$ 1,914.74	\$ 1,844.66	\$ 1,566.76	\$ 2,019.88	\$ 1,945.94	\$ 1,652.78	\$ 1,587.00	\$ 1,587.00	\$ 1,587.00	\$ 432.88	\$ 358.94	\$ 65.78	\$ 216.44	\$ 179.47	\$ 32.89
Domestic Partner - City Affidavit	\$ 719.36	\$ 693.04	\$ 588.86	\$ 758.82	\$ 731.04	\$ 621.18	\$ -	\$ -	\$ -	\$ 758.82	\$ 731.04	\$ 621.18	\$ 379.41	\$ 365.52	\$ 310.59
<b><u>Delta Dental PPO</u></b>															
Single Employee	\$ 52.32			\$ 57.08			\$ -			\$ 57.08			\$ 28.54		
Employee + 1 dependent	\$ 99.38			\$ 108.42			\$ -			\$ 108.42			\$ 54.21		
Employee + 2 or more dep.	\$ 132.34			\$ 144.36			\$ -			\$ 144.36			\$ 72.18		
Domestic Partner - City Affidavit	\$ 47.06			\$ 51.34			\$ -			\$ 51.34			\$ 25.67		
<b><u>DeltaCare USA (DMO)</u></b>															
Single Employee	\$ 27.86			\$ 27.86			\$ -			\$ 27.86			\$ 13.93		
Employee + 1 dependent	\$ 52.92			\$ 52.92			\$ -			\$ 52.92			\$ 26.46		
Employee + 2 or more dep.	\$ 70.44			\$ 70.44			\$ -			\$ 70.44			\$ 35.22		
Domestic Partner - City Affidavit	\$ 25.06			\$ 25.06			\$ -			\$ 25.06			\$ 12.53		
<b><u>Plan Choices</u></b>															
	<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>		<b>Basic</b>	<b>Enhanced</b>	
<b><u>VSP-Vision Services Plan</u></b>															
Single Employee	\$ 7.96	\$ 10.78		\$ 8.04	\$ 10.86		\$ -	\$ -		\$ 8.04	\$ 10.86		\$ 4.02	5.43	
Employee + 1 dependent	\$ 11.40	\$ 15.44		\$ 11.56	\$ 15.60		\$ -	\$ -		\$ 11.56	\$ 15.60		\$ 5.78	7.8	
Employee + 2 or more dep.	\$ 20.42	\$ 27.64		\$ 20.68	\$ 27.90		\$ -	\$ -		\$ 20.68	\$ 27.90		\$ 10.34	13.95	
Domestic Partner - City Affidavit	\$ 3.44	\$ 4.66		\$ 3.52	\$ 4.74		\$ -	\$ -		\$ 3.52	\$ 4.74		\$ 1.76	2.37	
<b><u>Waive Medical Coverage</u></b>															
Cash-back option (see below)	\$ 200.00														

**Notes:**

Please refer to your labor agreement for cash-back eligibility if waiving City health insurance.