

Annual Cost to Employee	All Rep Units/Labor Groups EXCEPT SPOA and 522			SPOA and 522		
	2019 Employee Cost			2019 Employee Cost		
Kaiser HMO	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (90.24)	\$ (214.56)	\$ (1,743.12)	\$ 221.76	\$ 97.44	\$ (1,431.12)
Employee + 1 dependent	\$ 3,431.28	\$ 3,182.64	\$ 125.76	\$ 5,351.28	\$ 5,102.64	\$ 2,045.76
Employee + 2 or more dep.	\$ 4,560.00	\$ 4,229.28	\$ 163.68	\$ 6,888.00	\$ 6,557.28	\$ 2,491.68
Domestic Partner (City Affidavit)	\$ 8,873.52	\$ 8,749.20	\$ 7,220.88	\$ 8,873.52	\$ 8,749.20	\$ 7,220.88
Western Health Advantage	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ 108.48	\$ (46.08)	\$ (2,001.36)	\$ 420.48	\$ 265.92	\$ (1,689.36)
Employee + 1 dependent	\$ 3,828.48	\$ 3,519.84	\$ (390.72)	\$ 5,748.48	\$ 5,439.84	\$ 1,529.28
Employee + 2 or more dep.	\$ 5,088.72	\$ 4,677.84	\$ (523.44)	\$ 7,416.72	\$ 7,005.84	\$ 1,804.56
Domestic Partner (City Affidavit)	\$ 9,072.00	\$ 8,917.92	\$ 6,962.64	\$ 9,072.00	\$ 8,917.92	\$ 6,962.64
Sutter Health Plus	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ 142.80	\$ (190.80)	\$ (1,507.92)	\$ 454.80	\$ 121.20	\$ (1,195.92)
Employee + 1 dependent	\$ 3,896.64	\$ 3,229.68	\$ 594.24	\$ 5,816.64	\$ 5,149.68	\$ 2,514.24
Employee + 2 or more dep.	\$ 5,194.56	\$ 4,307.28	\$ 789.36	\$ 7,522.56	\$ 6,635.28	\$ 3,117.36
Domestic Partner (City Affidavit)	\$ 9,105.84	\$ 8,772.48	\$ 7,454.16	\$ 9,105.84	\$ 8,772.48	\$ 7,454.16
Delta Dental PPO						
Single Employee	\$ 684.96			\$ 684.96		
Employee + 1 dependent	\$ 1,301.04			\$ 1,301.04		
Employee + 2 or more dep.	\$ 1,732.32			\$ 1,732.32		
Domestic Partner (City Affidavit)	\$ 616.08			\$ 616.08		
Delta Care USA (DMO)						
Single Employee	\$ 334.32			\$ 334.32		
Employee + 1 dependent	\$ 635.04			\$ 635.04		
Employee + 2 or more dep.	\$ 845.28			\$ 845.28		
Domestic Partner (City Affidavit)	\$ 300.72			\$ 300.72		
VSP-Vision Services Plan	Basic	Enhanced		Basic	Enhanced	
Single Employee	\$ 96.48	\$ 130.32		\$ 96.48	\$ 130.32	
Employee + 1 dependent	\$ 138.72	\$ 187.20		\$ 138.72	\$ 187.20	
Employee + 2 or more dep.	\$ 248.16	\$ 334.80		\$ 248.16	\$ 334.80	
Domestic Partner (City Affidavit)	\$ 42.24	\$ 56.88		\$ 42.24	\$ 56.88	

Waiving Coverage - see labor agreement for eligibility of cash out if waiving health coverage.

Domestic Partner (City Affidavit) - see labor agreement for coverage eligibility of domestic partner via City affidavit