

2019 ACTIVE EMPLOYEE PREMIUM RATES

Plan Choices	2018 Monthly Rates			2019 Monthly Rates		
	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
<u>Kaiser HMO</u>						
Single Employee	\$ 729.46	\$ 719.24	\$ 593.90	\$ 739.48	\$ 729.12	\$ 601.74
Employee + 1 dependent	\$ 1,458.92	\$ 1,438.48	\$ 1,187.80	\$ 1,478.94	\$ 1,458.22	\$ 1,203.48
Employee + 2 or more dep.	\$ 1,940.30	\$ 1,913.10	\$ 1,579.78	\$ 1,967.00	\$ 1,939.44	\$ 1,600.64
Domestic Partner - City Affidavit	\$ 729.46	\$ 719.24	\$ 593.90	\$ 739.46	\$ 729.10	\$ 601.74
<u>Western Health Advantage</u>						
Single Employee	\$ 734.74	\$ 722.22	\$ 563.88	\$ 756.04	\$ 743.16	\$ 580.22
Employee + 1 dependent	\$ 1,469.44	\$ 1,444.44	\$ 1,127.74	\$ 1,512.04	\$ 1,486.32	\$ 1,160.44
Employee + 2 or more dep.	\$ 1,954.38	\$ 1,921.12	\$ 1,499.88	\$ 2,011.06	\$ 1,976.82	\$ 1,543.38
Domestic Partner - City Affidavit	\$ 734.70	\$ 722.22	\$ 563.86	\$ 756.00	\$ 743.16	\$ 580.22
<u>Sutter Health Plus</u>						
Single Employee	\$ 719.42	\$ 693.06	\$ 589.00	\$ 758.90	\$ 731.10	\$ 621.34
Employee + 1 dependent	\$ 1,438.78	\$ 1,386.10	\$ 1,177.86	\$ 1,517.72	\$ 1,462.14	\$ 1,242.52
Employee + 2 or more dep.	\$ 1,914.74	\$ 1,844.66	\$ 1,566.76	\$ 2,019.88	\$ 1,945.94	\$ 1,652.78
Domestic Partner - City Affidavit	\$ 719.36	\$ 693.04	\$ 588.86	\$ 758.82	\$ 731.04	\$ 621.18
<u>Delta Dental PPO</u>						
Single Employee	\$ 52.32			\$ 57.08		
Employee + 1 dependent	\$ 99.38			\$ 108.42		
Employee + 2 or more dep.	\$ 132.34			\$ 144.36		
Domestic Partner - City Affidavit	\$ 47.06			\$ 51.34		
<u>DeltaCare USA (DMO)</u>						
Single Employee	\$ 27.86			\$ 27.86		
Employee + 1 dependent	\$ 52.92			\$ 52.92		
Employee + 2 or more dep.	\$ 70.44			\$ 70.44		
Domestic Partner - City Affidavit	\$ 25.06			\$ 25.06		
Plan Choices						
	Basic	Enhanced		Basic	Enhanced	
<u>VSP-Vision Services Plan</u>						
Single Employee	\$ 7.96	\$ 10.78		\$ 8.04	\$ 10.86	
Employee + 1 dependent	\$ 11.40	\$ 15.44		\$ 11.56	\$ 15.60	
Employee + 2 or more dep.	\$ 20.42	\$ 27.64		\$ 20.68	\$ 27.90	
Domestic Partner - City Affidavit	\$ 3.44	\$ 4.66		\$ 3.52	\$ 4.74	
<u>Waive Medical Coverage</u>						
Cash-back option**	Variable			Variable		
**Please refer to your Labor Agreement for Cash-Back eligibility						