

.79 to .50 FTE
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
<u>Kaiser HMO</u>															
Single Employee	\$ 729.46	\$ 719.24	\$ 593.90	\$ 739.48	\$ 729.12	601.74	\$ 373.50	\$ 373.50	\$ 373.50	\$ 365.98	\$ 355.62	\$ 228.24	\$ 182.99	\$ 177.81	\$ 114.12
Employee + 1 dependent	\$ 1,458.92	\$ 1,438.48	\$ 1,187.80	\$ 1,478.94	\$ 1,458.22	1,203.48	\$ 596.50	\$ 596.50	\$ 596.50	\$ 882.44	\$ 861.72	\$ 606.98	\$ 441.22	\$ 430.86	\$ 303.49
Employee + 2 or more dep.	\$ 1,940.30	\$ 1,913.10	\$ 1,579.78	\$ 1,967.00	\$ 1,939.44	1,600.64	\$ 793.50	\$ 793.50	\$ 793.50	\$ 1,173.50	\$ 1,145.94	\$ 807.14	\$ 586.75	\$ 572.97	\$ 403.57
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
<u>Western Health Advantage</u>															
Single Employee	\$ 734.74	\$ 722.22	\$ 563.88	\$ 756.04	\$ 743.16	\$ 580.22	\$ 373.50	\$ 373.50	\$ 373.50	\$ 382.54	\$ 369.66	\$ 206.72	\$ 191.27	\$ 184.83	\$ 103.36
Employee + 1 dependent	\$ 1,469.44	\$ 1,444.44	\$ 1,127.74	\$ 1,512.04	\$ 1,486.32	\$ 1,160.44	\$ 596.50	\$ 596.50	\$ 596.50	\$ 915.54	\$ 889.82	\$ 563.94	\$ 457.77	\$ 444.91	\$ 281.97
Employee + 2 or more dep.	\$ 1,954.38	\$ 1,921.12	\$ 1,499.88	\$ 2,011.06	\$ 1,976.82	\$ 1,543.38	\$ 793.50	\$ 793.50	\$ 793.50	\$ 1,217.56	\$ 1,183.32	\$ 749.88	\$ 608.78	\$ 591.66	\$ 374.94
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
<u>Sutter Health Plus</u>															
Single Employee	\$ 719.42	\$ 693.06	\$ 589.00	\$ 758.90	\$ 731.10	\$ 621.34	\$ 373.50	\$ 373.50	\$ 373.50	\$ 385.40	\$ 357.60	\$ 247.84	\$ 192.70	\$ 178.80	\$ 123.92
Employee + 1 dependent	\$ 1,438.78	\$ 1,386.10	\$ 1,177.86	\$ 1,517.72	\$ 1,462.14	\$ 1,242.52	\$ 596.50	\$ 596.50	\$ 596.50	\$ 921.22	\$ 865.64	\$ 646.02	\$ 460.61	\$ 432.82	\$ 323.01
Employee + 2 or more dep.	\$ 1,914.74	\$ 1,844.66	\$ 1,566.76	\$ 2,019.88	\$ 1,945.94	\$ 1,652.78	\$ 793.50	\$ 793.50	\$ 793.50	\$ 1,226.38	\$ 1,152.44	\$ 859.28	\$ 613.19	\$ 576.22	\$ 429.64
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
<u>Delta Dental PPO</u>															
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		
<u>DeltaCare USA (DMO)</u>															
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		
<u>Plan Choices</u>															
	Basic	Enhanced		Basic	Enhanced		Basic	Enhanced		Basic	Enhanced		Basic	Enhanced	
<u>VSP-Vision Services Plan</u>															
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	
<u>Waive Medical Coverage</u>															
Cash-back option (see below)	\$ 200.00														

Notes:

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