

Annual Cost to Employee	All Rep Units/Labor Groups EXCEPT 06 and 08			Building & Trades (06) and 1176 (08)		
	2020 Employee Cost			2020 Employee Cost		
Kaiser HMO	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (715.44)	\$ (845.04)	\$ (2,436.48)	\$ 274.08	\$ 144.48	\$ (1,446.96)
Employee + 1 dependent	\$ 2,655.60	\$ 2,396.40	\$ (786.48)	\$ 4,160.16	\$ 3,900.96	\$ 718.08
Employee + 2 or more dep.	\$ 3,477.60	\$ 3,132.72	\$ (1,100.64)	\$ 5,529.60	\$ 5,184.72	\$ 951.36
Domestic Partner (City Affidavit)	\$ 9,238.08	\$ 9,108.48	\$ 7,517.04	\$ 9,238.08	\$ 9,108.48	\$ 7,517.04
Western Health Advantage	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (529.44)	\$ (690.24)	\$ (2,721.12)	\$ 460.08	\$ 299.28	\$ (1,731.60)
Employee + 1 dependent	\$ 3,026.88	\$ 2,706.24	\$ (1,355.76)	\$ 4,531.44	\$ 4,210.80	\$ 148.80
Employee + 2 or more dep.	\$ 3,971.52	\$ 3,544.80	\$ (1,858.08)	\$ 6,023.52	\$ 5,596.80	\$ 193.92
Domestic Partner (City Affidavit)	\$ 9,423.36	\$ 9,263.52	\$ 7,232.40	\$ 9,423.36	\$ 9,263.52	\$ 7,232.40
Sutter Health Plus	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
Single Employee	\$ (572.88)	\$ (916.32)	\$ (2,277.12)	\$ 416.64	\$ 73.20	\$ (1,287.60)
Employee + 1 dependent	\$ 2,940.00	\$ 2,253.36	\$ (470.16)	\$ 4,444.56	\$ 3,757.92	\$ 1,034.40
Employee + 2 or more dep.	\$ 3,873.60	\$ 2,960.16	\$ (676.80)	\$ 5,925.60	\$ 5,012.16	\$ 1,375.20
Domestic Partner (City Affidavit)	\$ 9,379.92	\$ 9,036.72	\$ 7,674.00	\$ 9,379.92	\$ 9,036.72	\$ 7,674.00
Delta Dental PPO						
Single Employee	\$ 744.72			\$ 744.72		
Employee + 1 dependent	\$ 1,414.32			\$ 1,414.32		
Employee + 2 or more dep.	\$ 1,883.04			\$ 1,883.04		
Domestic Partner (City Affidavit)	\$ 669.60			\$ 669.60		
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	\$ 101.28	\$ 156.24		\$ 101.28	\$ 156.24	
Employee + 1 dependent	\$ 145.68	\$ 224.16		\$ 145.68	\$ 224.16	
Employee + 2 or more dep.	\$ 260.64	\$ 401.28		\$ 260.64	\$ 401.28	
Domestic Partner (City Affidavit)	\$ 44.40	\$ 67.92		\$ 44.40	\$ 67.92	

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