

522
.80 to 1.0 FTE

Plan Choices	2021 Monthly Rates			2022 Monthly Rates			2022 Employer Contribution			2022 Employee Cost			2022 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	\$ 730.38	\$ 720.14	\$ 594.26	\$ 778.82	\$ 767.90	\$ 633.78	\$ 829.46	\$ 829.46	\$ 829.46	\$ (50.64)	\$ (61.56)	\$ (195.68)	\$ (25.32)	\$ (30.78)	\$ (97.84)
Employee + 1 dependent	\$ 1,460.76	\$ 1,440.28	\$ 1,188.52	\$ 1,557.64	\$ 1,535.80	\$ 1,267.54	\$ 1,318.38	\$ 1,318.38	\$ 1,318.38	\$ 239.26	\$ 217.42	\$ (50.84)	\$ 119.63	\$ 108.71	\$ (25.42)
Employee + 2 or more dep.	\$ 1,942.80	\$ 1,915.58	\$ 1,580.74	\$ 2,071.66	\$ 2,042.62	\$ 1,685.84	\$ 1,758.00	\$ 1,758.00	\$ 1,758.00	\$ 313.66	\$ 284.62	\$ (72.16)	\$ 156.83	\$ 142.31	\$ (36.08)
Domestic Partner - City Affidavit	\$ 730.38	\$ 720.14	\$ 594.26	\$ 778.82	\$ 767.90	\$ 633.76	\$ -	\$ -	\$ -	\$ 778.82	\$ 767.90	\$ 633.76	\$ 389.41	\$ 383.95	\$ 316.88
<u>Western Health Advantage</u>															
Single Employee	\$ 746.10	\$ 733.36	\$ 572.58	\$ 761.62	\$ 746.00	\$ 552.22	\$ 829.46	\$ 829.46	\$ 829.46	\$ (67.84)	\$ (83.46)	\$ (277.24)	\$ (33.92)	\$ (41.73)	\$ (138.62)
Employee + 1 dependent	\$ 1,492.16	\$ 1,466.78	\$ 1,145.18	\$ 1,523.20	\$ 1,491.96	\$ 1,104.40	\$ 1,318.38	\$ 1,318.38	\$ 1,318.38	\$ 204.82	\$ 173.58	\$ (213.98)	\$ 102.41	\$ 86.79	\$ (106.99)
Employee + 2 or more dep.	\$ 1,984.60	\$ 1,950.82	\$ 1,523.08	\$ 2,025.88	\$ 1,984.34	\$ 1,468.88	\$ 1,758.00	\$ 1,758.00	\$ 1,758.00	\$ 267.88	\$ 226.34	\$ (289.12)	\$ 133.94	\$ 113.17	\$ (144.56)
Domestic Partner - City Affidavit	\$ 746.06	\$ 733.42	\$ 572.60	\$ 761.58	\$ 745.96	\$ 552.18	\$ -	\$ -	\$ -	\$ 761.58	\$ 745.96	\$ 552.18	\$ 380.79	\$ 372.98	\$ 276.09
<u>Sutter Health Plus</u>															
Single Employee	\$ 742.70	\$ 715.50	\$ 607.30	\$ 771.70	\$ 743.40	\$ 631.30	\$ 829.46	\$ 829.46	\$ 829.46	\$ (57.76)	\$ (86.06)	\$ (198.16)	\$ (28.88)	\$ (43.03)	\$ (99.08)
Employee + 1 dependent	\$ 1,485.60	\$ 1,431.20	\$ 1,214.60	\$ 1,543.60	\$ 1,487.00	\$ 1,262.60	\$ 1,318.38	\$ 1,318.38	\$ 1,318.38	\$ 225.22	\$ 168.62	\$ (55.78)	\$ 112.61	\$ 84.31	\$ (27.89)
Employee + 2 or more dep.	\$ 1,977.10	\$ 1,904.70	\$ 1,615.40	\$ 2,054.20	\$ 1,979.00	\$ 1,679.30	\$ 1,758.00	\$ 1,758.00	\$ 1,758.00	\$ 296.20	\$ 221.00	\$ (78.70)	\$ 148.10	\$ 110.50	\$ (39.35)
Domestic Partner - City Affidavit	\$ 742.90	\$ 715.70	\$ 607.30	\$ 771.90	\$ 743.60	\$ 631.30	\$ -	\$ -	\$ -	\$ 771.90	\$ 743.60	\$ 631.30	\$ 385.95	\$ 371.80	\$ 315.65
<u>Delta Dental PPO</u>															
Single Employee	\$ 62.06			\$ 62.06			\$ -			\$ 62.06			\$ 31.03		
Employee + 1 dependent	\$ 117.86			\$ 117.86			\$ -			\$ 117.86			\$ 58.93		
Employee + 2 or more dep.	\$ 156.92			\$ 156.92			\$ -			\$ 156.92			\$ 78.46		
Domestic Partner - City Affidavit	\$ 55.80			\$ 55.80			\$ -			\$ 55.80			\$ 27.90		
<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	\$ 8.44	\$ 13.02		\$ 8.44	\$ 13.02		\$ -	\$ -		\$ 8.44	\$ 13.02		\$ 4.22	\$ 6.51	
Employee + 1 dependent	\$ 12.14	\$ 18.68		\$ 12.14	\$ 18.68		\$ -	\$ -		\$ 12.14	\$ 18.68		\$ 6.07	\$ 9.34	
Employee + 2 or more dep.	\$ 21.72	\$ 33.44		\$ 21.72	\$ 33.44		\$ -	\$ -		\$ 21.72	\$ 33.44		\$ 10.86	\$ 16.72	
Domestic Partner - City Affidavit	\$ 3.70	\$ 5.66		\$ 3.70	\$ 5.66		\$ -	\$ -		\$ 3.70	\$ 5.66		\$ 1.85	\$ 2.83	
<u>Waive Medical Coverage</u>															
Cash-back option (see below)	\$ 200.00														

Notes:
Refer to your labor agreement for cash-back eligibility if waiving City health insurance.

522
.50 to .79 FTE

Plan Choices	2021 Monthly Rates			2022 Monthly Rates			2022 Employer Contribution			2022 Employee Cost			2022 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	\$ 730.38	\$ 720.14	\$ 594.26	\$ 778.82	\$ 767.90	\$ 633.78	\$ 414.73	\$ 414.73	\$ 414.73	\$ 364.09	\$ 353.17	\$ 219.05	\$ 182.05	\$ 176.59	\$ 109.53
Employee + 1 dependent	\$ 1,460.76	\$ 1,440.28	\$ 1,188.52	\$ 1,557.64	\$ 1,535.80	\$ 1,267.54	\$ 659.19	\$ 659.19	\$ 659.19	\$ 898.45	\$ 876.61	\$ 608.35	\$ 449.23	\$ 438.31	\$ 304.18
Employee + 2 or more dep.	\$ 1,942.80	\$ 1,915.58	\$ 1,580.74	\$ 2,071.66	\$ 2,042.62	\$ 1,685.84	\$ 879.00	\$ 879.00	\$ 879.00	\$ 1,192.66	\$ 1,163.62	\$ 806.84	\$ 596.33	\$ 581.81	\$ 403.42
Domestic Partner - City Affidavit	\$ 730.38	\$ 720.14	\$ 594.26	\$ 778.82	\$ 767.90	\$ 633.76	\$ -	\$ -	\$ -	\$ 778.82	\$ 767.90	\$ 633.76	\$ 389.41	\$ 383.95	\$ 316.88
<u>Western Health Advantage</u>															
Single Employee	\$ 746.10	\$ 733.36	\$ 572.58	\$ 761.62	\$ 746.00	\$ 552.22	\$ 414.73	\$ 414.73	\$ 414.73	\$ 346.89	\$ 331.27	\$ 137.49	\$ 173.45	\$ 165.64	\$ 68.75
Employee + 1 dependent	\$ 1,492.16	\$ 1,466.78	\$ 1,145.18	\$ 1,523.20	\$ 1,491.96	\$ 1,104.40	\$ 659.19	\$ 659.19	\$ 659.19	\$ 864.01	\$ 832.77	\$ 445.21	\$ 432.01	\$ 416.39	\$ 222.61
Employee + 2 or more dep.	\$ 1,984.60	\$ 1,950.82	\$ 1,523.08	\$ 2,025.88	\$ 1,984.34	\$ 1,468.88	\$ 879.00	\$ 879.00	\$ 879.00	\$ 1,146.88	\$ 1,105.34	\$ 589.88	\$ 573.44	\$ 552.67	\$ 294.94
Domestic Partner - City Affidavit	\$ 746.06	\$ 733.42	\$ 572.60	\$ 761.58	\$ 745.96	\$ 552.18	\$ -	\$ -	\$ -	\$ 761.58	\$ 745.96	\$ 552.18	\$ 380.79	\$ 372.98	\$ 276.09
<u>Sutter Health Plus</u>															
Single Employee	\$ 742.70	\$ 715.50	\$ 607.30	\$ 771.70	\$ 743.40	\$ 631.30	\$ 414.73	\$ 414.73	\$ 414.73	\$ 356.97	\$ 328.67	\$ 216.57	\$ 178.49	\$ 164.34	\$ 108.29
Employee + 1 dependent	\$ 1,485.60	\$ 1,431.20	\$ 1,214.60	\$ 1,543.60	\$ 1,487.00	\$ 1,262.60	\$ 659.19	\$ 659.19	\$ 659.19	\$ 884.41	\$ 827.81	\$ 603.41	\$ 442.21	\$ 413.91	\$ 301.71
Employee + 2 or more dep.	\$ 1,977.10	\$ 1,904.70	\$ 1,615.40	\$ 2,054.20	\$ 1,979.00	\$ 1,679.30	\$ 879.00	\$ 879.00	\$ 879.00	\$ 1,175.20	\$ 1,100.00	\$ 800.30	\$ 587.60	\$ 550.00	\$ 400.15
Domestic Partner - City Affidavit	\$ 742.90	\$ 715.70	\$ 607.30	\$ 771.90	\$ 743.60	\$ 631.30	\$ -	\$ -	\$ -	\$ 771.90	\$ 743.60	\$ 631.30	\$ 385.95	\$ 371.80	\$ 315.65
<u>Delta Dental PPO</u>															
Single Employee	\$ 62.06			\$ 62.06			\$ -			\$ 62.06			\$ 31.03		
Employee + 1 dependent	\$ 117.86			\$ 117.86			\$ -			\$ 117.86			\$ 58.93		
Employee + 2 or more dep.	\$ 156.92			\$ 156.92			\$ -			\$ 156.92			\$ 78.46		
Domestic Partner - City Affidavit	\$ 55.80			\$ 55.80			\$ -			\$ 55.80			\$ 27.90		
<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	\$ 8.44	\$ 13.02		\$ 8.44	\$ 13.02		\$ -	\$ -		\$ 8.44	\$ 13.02		\$ 4.22	\$ 6.51	
Employee + 1 dependent	\$ 12.14	\$ 18.68		\$ 12.14	\$ 18.68		\$ -	\$ -		\$ 12.14	\$ 18.68		\$ 6.07	\$ 9.34	
Employee + 2 or more dep.	\$ 21.72	\$ 33.44		\$ 21.72	\$ 33.44		\$ -	\$ -		\$ 21.72	\$ 33.44		\$ 10.86	\$ 16.72	
Domestic Partner - City Affidavit	\$ 3.70	\$ 5.66		\$ 3.70	\$ 5.66		\$ -	\$ -		\$ 3.70	\$ 5.66		\$ 1.85	\$ 2.83	
<u>Waive Medical Coverage</u>															
Cash-back option (see below)	\$ 200.00														

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