

**All Rep Units except for 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	\$ 838.00	\$ 838.00	\$ 838.00	\$ (59.18)	\$ (70.10)	\$ (204.22)	\$ (29.59)	\$ (35.05)	\$ (102.11)
Employee + 1 dependent	\$ 1,460.76	\$ 1,440.28	\$ 1,188.52	\$ 1,557.64	\$ 1,535.80	\$ 1,267.54	\$ 1,333.00	\$ 1,333.00	\$ 1,333.00	\$ 224.64	\$ 202.80	\$ (65.46)	\$ 112.32	\$ 101.40	\$ (32.73)
Employee + 2 or more dep.	\$ 1,942.80	\$ 1,915.58	\$ 1,580.74	\$ 2,071.66	\$ 2,042.62	\$ 1,685.84	\$ 1,777.00	\$ 1,777.00	\$ 1,777.00	\$ 294.66	\$ 265.62	\$ (91.16)	\$ 147.33	\$ 132.81	\$ (45.58)
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	\$ 838.00	\$ 838.00	\$ 838.00	\$ (76.38)	\$ (92.00)	\$ (285.78)	\$ (38.19)	\$ (46.00)	\$ (142.89)
Employee + 1 dependent	\$ 1,492.16	\$ 1,466.78	\$ 1,145.18	\$ 1,523.20	\$ 1,491.96	\$ 1,104.40	\$ 1,333.00	\$ 1,333.00	\$ 1,333.00	\$ 190.20	\$ 158.96	\$ (228.60)	\$ 95.10	\$ 79.48	\$ (114.30)
Employee + 2 or more dep.	\$ 1,984.60	\$ 1,950.82	\$ 1,523.08	\$ 2,025.88	\$ 1,984.34	\$ 1,468.88	\$ 1,777.00	\$ 1,777.00	\$ 1,777.00	\$ 248.88	\$ 207.34	\$ (308.12)	\$ 124.44	\$ 103.67	\$ (154.06)
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	\$ 838.00	\$ 838.00	\$ 838.00	\$ (66.30)	\$ (94.60)	\$ (206.70)	\$ (33.15)	\$ (47.30)	\$ (103.35)
Employee + 1 dependent	\$ 1,485.60	\$ 1,431.20	\$ 1,214.60	\$ 1,543.60	\$ 1,487.00	\$ 1,262.60	\$ 1,333.00	\$ 1,333.00	\$ 1,333.00	\$ 210.60	\$ 154.00	\$ (70.40)	\$ 105.30	\$ 77.00	\$ (35.20)
Employee + 2 or more dep.	\$ 1,977.10	\$ 1,904.70	\$ 1,615.40	\$ 2,054.20	\$ 1,979.00	\$ 1,679.30	\$ 1,777.00	\$ 1,777.00	\$ 1,777.00	\$ 277.20	\$ 202.00	\$ (97.70)	\$ 138.60	\$ 101.00	\$ (48.85)
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.
Refer to your labor agreement for effective date of receiving the City health contribution.