

2019 HEALTH PLAN RATES

FLAT RATE CONTRIBUTION (MGMT, CAO, CCM)

For the 2019 Plan year the City makes a flat rate contribution up to the following:
 EE Only= \$837, EE+1= \$1671, EE Fam= \$2172

Plan	Coverage Level	2019 Monthly Premium	EE Per Pay Period Responsibility
Anthem HMO Select	Employee Only	\$831.44	\$0.00
	Employee + 1	\$1,662.88	\$0.00
	Employee Family	\$2,161.74	\$0.00
Anthem HMO Traditional	Employee Only	\$1,111.13	\$126.52
	Employee + 1	\$2,222.26	\$254.43
	Employee Family	\$2,888.94	\$330.90
Health Net SmartCare	Employee Only	\$901.55	\$29.79
	Employee + 1	\$1,803.10	\$60.97
	Employee Family	\$2,344.03	\$79.40
Kaiser CA	Employee Only	\$768.25	\$0.00
	Employee + 1	\$1,536.50	\$0.00
	Employee Family	\$1,997.45	\$0.00
PERS Choice	Employee Only	\$866.27	\$13.51
	Employee + 1	\$1,732.54	\$28.40
	Employee Family	\$2,252.30	\$37.06
PERS Select	Employee Only	\$543.19	\$0.00
	Employee + 1	\$1,086.38	\$0.00
	Employee Family	\$1,412.29	\$0.00
PERSCare	Employee Only	\$1,131.68	\$136.01
	Employee + 1	\$2,263.36	\$273.40
	Employee Family	\$2,942.37	\$355.56
PORAC (Sworn positions only)	Employee Only	\$774.00	\$0.00
	Employee + 1	\$1,623.00	\$0.00
	Employee Family	\$2,076.00	\$0.00
Western Health Advantage	Employee Only	\$767.01	\$0.00
	Employee + 1	\$1,534.02	\$0.00
	Employee Family	\$1,994.23	\$0.00

Only Available in these Counties: Santa Cruz, San Joaquin, and Stanislaus

Blue Shield Access+	Employee Only	\$970.90	\$61.80
	Employee + 1	\$1,941.80	\$124.98
	Employee Family	\$2,524.34	\$162.62