

## 2019 HEALTH PLAN RATES

### FLAT RATE CONTRIBUTION (SEIU, PAPMA, IAFF, FCA)

For the 2019 Plan year the City makes a flat rate contribution up to the following: EE Only= \$804, EE+1= \$1606, EE Fam= \$2088

| Plan                         | Coverage Level  | 2019 Monthly Premium | EE Per Pay Period Responsibility |
|------------------------------|-----------------|----------------------|----------------------------------|
| Anthem HMO Select            | Employee Only   | \$831.44             | \$12.66                          |
|                              | Employee + 1    | \$1,662.88           | \$26.25                          |
|                              | Employee Family | \$2,161.74           | \$34.03                          |
| Anthem HMO Traditional       | Employee Only   | \$1,111.13           | \$141.75                         |
|                              | Employee + 1    | \$2,222.26           | \$284.43                         |
|                              | Employee Family | \$2,888.94           | \$369.66                         |
| Health Net SmartCare         | Employee Only   | \$901.55             | \$45.02                          |
|                              | Employee + 1    | \$1,803.10           | \$90.97                          |
|                              | Employee Family | \$2,344.03           | \$118.17                         |
| 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             | \$28.74                          |
|                              | Employee + 1    | \$1,732.54           | \$58.40                          |
|                              | Employee Family | \$2,252.30           | \$75.83                          |
| 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           | \$151.24                         |
|                              | Employee + 1    | \$2,263.36           | \$303.40                         |
|                              | Employee Family | \$2,942.37           | \$394.32                         |
| PORAC (Sworn positions only) | Employee Only   | \$774.00             | \$0.00                           |
|                              | Employee + 1    | \$1,623.00           | \$7.85                           |
|                              | 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   | \$77.03  |
|                     | Employee + 1    | \$1,941.80 | \$154.98 |
|                     | Employee Family | \$2,524.34 | \$201.39 |