

2019 HEALTH PLAN RATES

FLAT RATE CONTRIBUTION (PAPOA Only)

For the 2019 Plan year the City makes a flat rate contribution up to the following:
 EE Only= \$840, EE+1= \$1680, EE Fam= \$2180

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	\$125.14
	Employee + 1	\$2,222.26	\$250.27
	Employee Family	\$2,888.94	\$327.20
Health Net SmartCare	Employee Only	\$901.55	\$28.41
	Employee + 1	\$1,803.10	\$56.82
	Employee Family	\$2,344.03	\$75.71
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	\$12.12
	Employee + 1	\$1,732.54	\$24.25
	Employee Family	\$2,252.30	\$33.37
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	\$134.62
	Employee + 1	\$2,263.36	\$269.24
	Employee Family	\$2,942.37	\$351.86
PORAC (Sworn positions only)	Employee Only	\$774.00	\$0.00
	Employee + 1	\$1,623.00	\$0.00
	Employee Family	\$2,076.00	\$0.00
UnitedHealthcare	Employee Only	\$1,371.84	\$245.46
	Employee + 1	\$2,743.68	\$490.93
	Employee Family	\$3,566.78	\$640.05
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	\$60.42
	Employee + 1	\$1,941.80	\$120.83
	Employee Family	\$2,524.34	\$158.93