

City of Stockton

2020-2021

**RATES FOR FULL-TIME EMPLOYEES IN THE SCEA, B&C, O&M, T&M, WATER SUPERVISORY, AND UNREPRESENTED UNITS**

**Anthem PPO Plan - Medical, Dental and Vision**

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,101.94	\$670.00	\$431.94	\$215.97
Employee + 1	\$1,987.52	\$1,216.00	\$771.52	\$385.76
Employee + Family	\$2,682.10	\$1,620.00	\$1,062.10	\$531.05
Tier with PPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,140.35	\$670.00	\$470.35	\$235.17
Employee + 1	\$2,065.75	\$1,216.00	\$849.75	\$424.87
Employee + Family	\$2,750.38	\$1,620.00	\$1,130.38	\$565.19

**Kaiser HDHP HSA Plan - Medical, Dental and Vision**

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$632.84	\$670.00	\$0.00	\$0.00
Employee + 1	\$1,143.08	\$1,216.00	\$0.00	\$0.00
Employee + Family	\$1,555.75	\$1,620.00	\$0.00	\$0.00
Tier with PPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$671.25	\$670.00	\$1.25	\$0.62
Employee + 1	\$1,221.31	\$1,216.00	\$5.31	\$2.65
Employee + Family	\$1,624.03	\$1,620.00	\$4.03	\$2.01

**Kaiser HMO (No Deductible) Plan- Medical, Dental and Vision**

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$712.13	\$670.00	\$42.13	\$21.06
Employee + 1	\$1,285.91	\$1,216.00	\$69.91	\$34.95
Employee + Family	\$1,746.03	\$1,620.00	\$126.03	\$63.01
Tier with PPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$750.54	\$670.00	\$80.54	\$40.27
Employee + 1	\$1,364.14	\$1,216.00	\$148.14	\$74.07
Employee + Family	\$1,814.31	\$1,620.00	\$194.31	\$97.15

**Sutter Health Plus HDHP HSA Plan - Medical, Dental and Vision**

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$651.72	\$670.00	\$0.00	\$0.00
Employee + 1	\$1,177.01	\$1,216.00	\$0.00	\$0.00
Employee + Family	\$1,600.93	\$1,620.00	\$0.00	\$0.00
Tier with PPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$690.13	\$670.00	\$20.13	\$10.06
Employee + 1	\$1,255.24	\$1,216.00	\$39.24	\$19.62
Employee + Family	\$1,669.21	\$1,620.00	\$49.21	\$24.60

**Sutter Health Plus HMO Plan - Medical, Dental and Vision**

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$732.31	\$670.00	\$62.31	\$31.15

Employee + 1	\$1,322.92	\$1,216.00	\$106.92	\$53.46
Employee + Family	\$1,796.32	\$1,620.00	\$176.32	\$88.16
<b>Tier with PPO Dental</b>	<b>Total Monthly</b>	<b>Employer Monthly Contribution</b>	<b>Employee Monthly Contribution</b>	<b>Per Paycheck Deduction</b>
Employee Only	\$770.72	\$670.00	\$100.72	\$50.36
Employee + 1	\$1,401.15	\$1,216.00	\$185.15	\$92.57
Employee + Family	\$1,864.60	\$1,620.00	\$244.60	\$122.30