

City of Stockton

2019-2020

**RATES FOR FULL-TIME EMPLOYEES IN B&C, SCEA AND UNREPRESENTED UNITS**

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

| Tier              | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|-------------------|---------------|-------------------------------|-------------------------------|------------------------|
| Employee Only     | \$944.36      | \$657.00                      | \$287.36                      | \$143.68               |
| Employee + 1      | \$1,711.48    | \$1,192.00                    | \$519.48                      | \$259.74               |
| Employee + Family | \$2,278.45    | \$1,588.00                    | \$690.45                      | \$345.22               |
| Vision Buy Up     | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only     | \$947.36      | \$657.00                      | \$290.36                      | \$145.18               |
| Employee + 1      | \$1,716.48    | \$1,192.00                    | \$524.48                      | \$262.24               |
| Employee + Family | \$2,285.45    | \$1,588.00                    | \$697.45                      | \$348.72               |

**Kaiser DHMO Plan - Medical, Dental and Vision**

| Tier              | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|-------------------|---------------|-------------------------------|-------------------------------|------------------------|
| Employee Only     | \$672.16      | \$657.00                      | \$15.16                       | \$7.58                 |
| Employee + 1      | \$1,221.47    | \$1,192.00                    | \$29.47                       | \$14.73                |
| Employee + Family | \$1,624.75    | \$1,588.00                    | \$36.75                       | \$18.37                |
| Vision Buy Up     | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only     | \$675.16      | \$657.00                      | \$18.16                       | \$9.08                 |
| Employee + 1      | \$1,226.47    | \$1,192.00                    | \$34.47                       | \$17.23                |
| Employee + Family | \$1,631.75    | \$1,588.00                    | \$43.75                       | \$21.87                |

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

| Tier              | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|-------------------|---------------|-------------------------------|-------------------------------|------------------------|
| Employee Only     | \$777.26      | \$657.00                      | \$120.26                      | \$60.13                |
| Employee + 1      | \$1,410.76    | \$1,192.00                    | \$218.76                      | \$109.38               |
| Employee + Family | \$1,876.97    | \$1,588.00                    | \$288.97                      | \$144.48               |
| Vision Buy Up     | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only     | \$780.26      | \$657.00                      | \$123.26                      | \$61.63                |
| Employee + 1      | \$1,415.76    | \$1,192.00                    | \$223.76                      | \$111.88               |
| Employee + Family | \$1,883.97    | \$1,588.00                    | \$295.97                      | \$147.98               |

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

| Tier              | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
|-------------------|---------------|-------------------------------|-------------------------------|------------------------|
| Employee Only     | \$816.61      | \$657.00                      | \$159.61                      | \$79.80                |
| Employee + 1      | \$1,482.27    | \$1,192.00                    | \$290.27                      | \$145.13               |
| Employee + Family | \$1,973.26    | \$1,588.00                    | \$385.26                      | \$192.63               |
| Vision Buy Up     | Total Monthly | Employer Monthly Contribution | Employee Monthly Contribution | Per Paycheck Deduction |
| Employee Only     | \$819.61      | \$657.00                      | \$162.61                      | \$81.30                |
| Employee + 1      | \$1,487.27    | \$1,192.00                    | \$295.27                      | \$147.63               |
| Employee + Family | \$1,980.26    | \$1,588.00                    | \$392.26                      | \$196.13               |