

2019 MONTHLY HEALTH PREMIUMS
EFFECTIVE DATE: 01/01/2019 - 12/31/2019

PLAN	LEVEL OF PARTICIPATION	Ca/PERS PLAN CODE	PR DED CODE	PREMIUMS	TOWN BENEFITS	EMPLOYEE OUT-OF-POCKET COSTS			MONTHLY OUT-OF-POCKET-CHG (AMT) **
						1ST PAYCHECK DEDUCTION	2ND PAYCHECK DEDUCTION	TOTAL MONTHLY DEDUCTION	
MEDICAL - Bay Area Region									
HMO - Health Maintenance Organization									
KAISER	EMPLOYEE ONLY	104 1	4000	\$ 768.25	\$ 768.25	-	-	-	-
	EMPLOYEE & 1 DEPENDENT	104 2	4006	\$ 1,536.50	\$ 1,459.68	\$ 38.41	\$ 38.41	\$ 76.82	\$ (1.16)
	EMPLOYEE & 2+ DEPENDENTS	104 3	4011	\$ 1,997.45	\$ 1,874.53	\$ 61.46	\$ 61.46	\$ 122.92	\$ (1.86)
ANTHEM HMO SELECT	EMPLOYEE ONLY	454 1	4073	\$ 831.44	\$ 768.25	\$ 31.59	\$ 31.59	\$ 63.19	\$ (13.36)
	EMPLOYEE & 1 DEPENDENT	454 2	4075	\$ 1,662.88	\$ 1,459.68	\$ 101.60	\$ 101.60	\$ 203.20	\$ (27.88)
	EMPLOYEE & 2+ DEPENDENTS	454 3	4077	\$ 2,161.74	\$ 1,874.53	\$ 143.60	\$ 143.60	\$ 287.21	\$ (36.60)
ANTHEM HMO TRADITIONAL	EMPLOYEE ONLY	450 1	4099	\$ 1,111.13	\$ 768.25	\$ 171.44	\$ 171.44	\$ 342.88	\$ 197.27
	EMPLOYEE & 1 DEPENDENT	450 2	4101	\$ 2,222.26	\$ 1,459.68	\$ 381.29	\$ 381.29	\$ 762.58	\$ 393.38
	EMPLOYEE & 2+ DEPENDENTS	450 3	4103	\$ 2,888.94	\$ 1,874.53	\$ 507.20	\$ 507.20	\$ 1,014.41	\$ 511.05
BLUE SHIELD ACCESS+ (not available in Santa Clara County)	EMPLOYEE ONLY	102 1	4046	\$ 970.90	\$ 768.25	\$ 101.32	\$ 101.32	\$ 202.65	\$ 93.49
	EMPLOYEE & 1 DEPENDENT	102 2	4051	\$ 1,941.80	\$ 1,459.68	\$ 241.06	\$ 241.06	\$ 482.12	\$ 185.82
	EMPLOYEE & 2+ DEPENDENTS	102 3	4056	\$ 2,524.34	\$ 1,874.53	\$ 324.90	\$ 324.90	\$ 649.81	\$ 241.22
HEALTHNET SMARTCARE	EMPLOYEE ONLY	375 1	4111	\$ 901.55	\$ 768.25	\$ 66.65	\$ 66.65	\$ 133.30	\$ 49.68
	EMPLOYEE & 1 DEPENDENT	375 2	4113	\$ 1,803.10	\$ 1,459.68	\$ 171.71	\$ 171.71	\$ 343.42	\$ 98.20
	EMPLOYEE & 2+ DEPENDENTS	375 3	4115	\$ 2,344.03	\$ 1,874.53	\$ 234.75	\$ 234.75	\$ 469.50	\$ 127.31
WESTERN HEALTH ADVANTAGE	EMPLOYEE ONLY	179 1	4116	\$ 767.01	\$ 767.01	-	-	-	\$ (12.70)
	EMPLOYEE & 1 DEPENDENT	179 2	4117	\$ 1,534.02	\$ 1,459.68	\$ 37.17	\$ 37.17	\$ 74.34	\$ (29.04)
	EMPLOYEE & 2+ DEPENDENTS	179 3	4118	\$ 1,994.23	\$ 1,874.53	\$ 59.85	\$ 59.85	\$ 119.70	\$ (38.10)
PPO - Preferred Provider Organization									
PERSCare	EMPLOYEE ONLY	122 1	4016	\$ 1,131.68	\$ 768.25	\$ 181.71	\$ 181.71	\$ 363.43	\$ 260.84
	EMPLOYEE & 1 DEPENDENT	122 2	4021	\$ 2,263.36	\$ 1,459.68	\$ 401.84	\$ 401.84	\$ 803.68	\$ 520.52
	EMPLOYEE & 2+ DEPENDENTS	122 3	4026	\$ 2,942.37	\$ 1,874.53	\$ 533.92	\$ 533.92	\$ 1,067.84	\$ 676.33
PERS CHOICE	EMPLOYEE ONLY	106 1	4031	\$ 866.27	\$ 768.25	\$ 49.01	\$ 49.01	\$ 98.02	\$ 77.61
	EMPLOYEE & 1 DEPENDENT	106 2	4036	\$ 1,732.54	\$ 1,459.68	\$ 136.43	\$ 136.43	\$ 272.86	\$ 154.06
	EMPLOYEE & 2+ DEPENDENTS	106 3	4041	\$ 2,252.30	\$ 1,874.53	\$ 188.88	\$ 188.88	\$ 377.77	\$ 199.93
PERS SELECT	EMPLOYEE ONLY	126 1	4091	\$ 543.19	\$ 543.19	-	-	-	-
	EMPLOYEE & 1 DEPENDENT	126 2	4094	\$ 1,086.38	\$ 1,086.38	-	-	-	-
	EMPLOYEE & 2+ DEPENDENTS	126 3	4097	\$ 1,412.29	\$ 1,412.29	-	-	-	-
PORAC	EMPLOYEE ONLY	207 1	4060	\$ 774.00	\$ 768.25	\$ 2.87	\$ 2.87	5.75	\$ 5.75
	EMPLOYEE & 1 DEPENDENT	207 2	4066	\$ 1,623.00	\$ 1,459.68	\$ 81.66	\$ 81.66	163.32	\$ 105.06
	EMPLOYEE & 2+ DEPENDENTS	207 3	4071	\$ 2,076.00	\$ 1,874.53	\$ 100.73	\$ 100.73	201.47	\$ 134.33
DENTAL & VISION									
DELTA PPO	EMPLOYEE ONLY		6205	\$ 139.80	\$ 124.80	\$ 15.00	-	\$ 15.00	-
	EMPLOYEE & 1 DEPENDENT		6205	\$ 139.80	\$ 124.80	\$ 15.00	-	\$ 15.00	-
	EMPLOYEE & 2+ DEPENDENTS		6205	\$ 139.80	\$ 124.80	\$ 15.00	-	\$ 15.00	-
DELTACARE USA (HMO)	Up to Employee & 2+ dep.		6000	\$ 44.66	\$ 44.66	-	-	-	-
VISION SERVICE PLAN (VSP)	EMPLOYEE ONLY		6500	\$ 10.64	\$ 10.64	-	-	-	-
	EMPLOYEE & 1 DEPENDENT		6505	\$ 15.25	\$ 10.64	\$ 4.61	-	4.61	-
	EMPLOYEE & 2+ DEPENDENTS		6510	\$ 27.44	\$ 10.64	\$ 16.80	-	16.80	-

* Compared to 2018 out of pocket costs (employee share of premiums)

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2019 Town Contribution (Retirees Medical Insurance)			
Medicare Supplement		Non-Medicare	
Single	\$ 323.74	Single	\$ 768.25
2-party	\$ 615.11	2-party	\$ 1,443.45
3-Party	\$ 906.47	3-Party	\$ 1,547.16

* Increase of \$100 from 2017 contribution rate (no more than Kaiser rate)

- **Please note:** If your retirement date is prior to 2/1/15 and are medicare eligible, you are entitled up to the Non-Medicare rates

2019 Supplement/Medicare Premiums (Bay Area Region)			
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Kaiser Senior Adv **	Single	\$	323.74	PERS Select Med Supp	Single	\$	360.41
	2-Party	\$	647.48		2-Party	\$	720.82
	3-Party	\$	971.22		3-Party	\$	1,081.23
Anthem Traditional Med Adv **	Single	\$	357.44	PORAC Med Supp	Single	\$	513.00
	2-Party	\$	714.88		2-Party	\$	1,022.00
	3-Party	\$	1,072.32		3-Party	\$	1,635.00
UnitedHealthCare Grp Med Adv **	Single	\$	299.37	PERS Choice Med Supp	Single	\$	360.41
	2-Party	\$	598.74		2-Party	\$	720.82
	3-Party	\$	898.11		3-Party	\$	1,081.23
				PERSCare Med Supp	Single	\$	394.83
					2-Party	\$	789.66
					3-Party	\$	1,184.49

* The above rates are medical plans only.

** Retiree Dental and/or Vision coverage available at an additional cost and will be billed directly from the carrier.