

**2020 MONTHLY HEALTH PREMIUMS**  
**EFFECTIVE DATE: 1/1/2020 - 12/31/2020**

PLAN	LEVEL OF PARTICIPATION	PREMIUMS	TOWN BENEFITS	EMPLOYEE OUT-OF-POCKET COSTS		
				1ST PAYCHECK DEDUCTION	2ND PAYCHECK DEDUCTION	TOTAL MONTHLY DEDUCTION
<b>MEDICAL - Region 1</b>						
<b>HMO - Health Maintenance Organization</b>						
<b>KAISER</b>	EMPLOYEE ONLY	\$ 768.49	\$ 768.49	\$ -	\$ -	\$ -
	EMPLOYEE & 1 DEPENDENT	\$ 1,536.98	\$ 1,460.14	\$ 38.42	\$ 38.42	\$ 76.84
	EMPLOYEE & 2+ DEPENDENTS	\$ 1,998.07	\$ 1,875.11	\$ 61.48	\$ 61.48	\$ 122.96
<b>ANTHEM HMO SELECT</b>	EMPLOYEE ONLY	\$ 868.98	\$ 768.49	\$ 50.24	\$ 50.24	\$ 100.48
	EMPLOYEE & 1 DEPENDENT	\$ 1,737.96	\$ 1,460.14	\$ 138.91	\$ 138.91	\$ 277.82
	EMPLOYEE & 2+ DEPENDENTS	\$ 2,259.35	\$ 1,875.11	\$ 192.12	\$ 192.12	\$ 384.24
<b>ANTHEM HMO TRADITIONAL</b>	EMPLOYEE ONLY	\$ 1,184.84	\$ 768.49	\$ 208.17	\$ 208.17	\$ 416.34
	EMPLOYEE & 1 DEPENDENT	\$ 2,369.68	\$ 1,460.14	\$ 454.77	\$ 454.77	\$ 909.54
	EMPLOYEE & 2+ DEPENDENTS	\$ 3,080.58	\$ 1,875.11	\$ 602.73	\$ 602.73	\$ 1,205.46
<b>BLUE SHIELD ACCESS+ (not available in Santa Clara County)</b>	EMPLOYEE ONLY	\$ 1,127.77	\$ 768.49	\$ 179.64	\$ 179.64	\$ 359.28
	EMPLOYEE & 1 DEPENDENT	\$ 2,255.54	\$ 1,460.14	\$ 397.70	\$ 397.70	\$ 795.40
	EMPLOYEE & 2+ DEPENDENTS	\$ 2,932.20	\$ 1,875.11	\$ 528.54	\$ 528.54	\$ 1,057.08
<b>HEALTHNET SMARTCARE</b>	EMPLOYEE ONLY	\$ 1,000.52	\$ 768.49	\$ 116.01	\$ 116.01	\$ 232.02
	EMPLOYEE & 1 DEPENDENT	\$ 2,001.04	\$ 1,460.14	\$ 270.45	\$ 270.45	\$ 540.90
	EMPLOYEE & 2+ DEPENDENTS	\$ 2,601.35	\$ 1,875.11	\$ 363.12	\$ 363.12	\$ 726.24
<b>PPO - Preferred Provider Organization</b>						
<b>PERSCare</b>	EMPLOYEE ONLY	\$ 1,133.14	\$ 768.49	\$ 182.32	\$ 182.32	\$ 364.64
	EMPLOYEE & 1 DEPENDENT	\$ 2,266.28	\$ 1,460.14	\$ 403.07	\$ 403.07	\$ 806.14
	EMPLOYEE & 2+ DEPENDENTS	\$ 2,946.16	\$ 1,875.11	\$ 535.52	\$ 535.52	\$ 1,071.04
<b>PERS CHOICE</b>	EMPLOYEE ONLY	\$ 861.18	\$ 768.49	\$ 46.34	\$ 46.34	\$ 92.68
	EMPLOYEE & 1 DEPENDENT	\$ 1,722.36	\$ 1,460.14	\$ 131.11	\$ 131.11	\$ 262.22
	EMPLOYEE & 2+ DEPENDENTS	\$ 2,239.07	\$ 1,875.11	\$ 181.98	\$ 181.98	\$ 363.96
<b>PERS SELECT</b>	EMPLOYEE ONLY	\$ 520.29	\$ 768.49	\$ -	\$ -	\$ -
	EMPLOYEE & 1 DEPENDENT	\$ 1,040.58	\$ 1,460.14	\$ -	\$ -	\$ -
	EMPLOYEE & 2+ DEPENDENTS	\$ 1,352.75	\$ 1,875.11	\$ -	\$ -	\$ -
<b>PORAC</b>	EMPLOYEE ONLY	\$ 774.00	\$ 768.49	\$ 2.75	\$ 2.75	\$ 5.50
	EMPLOYEE & 1 DEPENDENT	\$ 1,699.00	\$ 1,460.14	\$ 119.43	\$ 119.43	\$ 238.86
	EMPLOYEE & 2+ DEPENDENTS	\$ 2,199.00	\$ 1,875.11	\$ 161.94	\$ 161.94	\$ 323.88
<b>DENTAL &amp; VISION</b>						
<b>DELTA PPO</b>	EMPLOYEE ONLY	\$ 139.80	\$ 124.80	\$ 15.00	\$ -	\$ 15.00
	EMPLOYEE & 1 DEPENDENT	\$ 139.80	\$ 124.80	\$ 15.00	\$ -	\$ 15.00
	EMPLOYEE & 2+ DEPENDENTS	\$ 139.80	\$ 124.80	\$ 15.00	\$ -	\$ 15.00
<b>DELTACARE USA (HMO)</b>	Up to Employee & 2+ dep.	\$ 44.66	\$ 44.66	\$ -	\$ -	\$ -
<b>VISION SERVICE PLAN (VSP)</b>	EMPLOYEE ONLY	\$ 10.64	\$ 10.64	\$ -	\$ -	\$ -
	EMPLOYEE & 1 DEPENDENT	\$ 15.25	\$ 10.64	\$ 4.61	\$ -	\$ 4.61
	EMPLOYEE & 2+ DEPENDENTS	\$ 27.44	\$ 10.64	\$ 16.80	\$ -	\$ 16.80

**2020 MONTHLY HEALTH PREMIUMS**  
**EFFECTIVE DATE: 1/1/2020 - 12/31/2020**

**2020 Town Contribution (Retirees Medical Insurance)**

Medicare Supplement		Non-Medicare	
<b>Single</b>	<b>\$ 339.43</b>	<b>Single</b>	<b>\$ 768.49</b>
<b>2-party</b>	<b>\$ 644.92</b>	<b>2-party</b>	<b>\$ 1,460.14</b> *
<b>3-Party</b>	<b>\$ 950.40</b>	<b>3-Party</b>	<b>\$ 1,747.16</b> *

\* Increase of \$100 from 2019 contribution rate to a maximum of the Town contribution for active employees

**Please note:** If your retirement date is prior to 2/1/15 and you are Medicare eligible, the Non-Medicare rates will apply as the Town Contribution

**2020 Supplement/Medicare Premiums (Region 1)**

<b>Kaiser Senior Adv **</b>	Single	\$ 339.43
	2-Party	\$ 678.86
	3-Party	\$ 1,018.29
<b>Anthem Select Med Adv **</b>	Single	\$ 388.15
	2-Party	\$ 776.30
	3-Party	\$ 1,164.45
<b>Anthem Traditional Med Pref**</b>	Single	\$ 388.15
	2-Party	\$ 776.30
	3-Party	\$ 1,164.45
<b>UnitedHealth Care Grp Med Adv **</b>	Single	\$ 327.03
	2-Party	\$ 654.06
	3-Party	\$ 981.09

<b>PERS Select Med Supp</b>	Single	\$ 351.39
	2-Party	\$ 702.78
	3-Party	\$ 1,054.17
<b>PORAC Region 1 Med Supp</b>	Single	\$ 513.00
	2-Party	\$ 1,022.00
	3-Party	\$ 1,635.00
<b>PERS Choice Med Supp</b>	Single	\$ 351.39
	2-Party	\$ 702.78
	3-Party	\$ 1,054.17
<b>PERSCare Med Supp</b>	Single	\$ 384.78
	2-Party	\$ 769.56
	3-Party	\$ 1,154.34

\* 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.