

2018 COBRA RATES & PAYMENT INFORMATION
For All Employees (Except Employees Represented by the POA and IAFF, Local 230)

	Current Rates	Check Information	Monthly Rates			
	Valid Dates:	Make Checks Payable To:	EE Only or Participant Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)
<u>Medical Plans</u>						
Kaiser Permanente HMO \$25 Copay Plan	01/01/18 - 12/31/18	Kaiser Bills Directly	\$ 595.84	\$ 1,189.68	\$ 1,041.22	\$ 1,783.52
Kaiser Permanente \$1,500 Deductible Plan	01/01/18 - 12/31/18	Kaiser Bills Directly	\$ 488.24	\$ 974.48	\$ 852.92	\$ 1,460.72
Kaiser Permanente HSA Qualified \$3,000 Deductible Plan	01/01/18 - 12/31/18	Kaiser Bills Directly	\$ 411.70	\$ 821.40	\$ 718.98	\$ 1,231.10
Sutter Health Plus HMO \$20 Copay Plan	01/01/18 - 12/31/18	City of San Jose	\$ 639.81	\$ 1,279.61	\$ 1,119.61	\$ 1,919.35
Sutter Health Plus \$1,500 Deductible Plan	01/01/18 - 12/31/18	City of San Jose	\$ 523.89	\$ 1,047.76	\$ 916.82	\$ 1,571.68
Blue Shield PPO \$100 Deductible Plan	01/01/18 - 12/31/18	City of San Jose	\$ 1,126.22	\$ 2,252.43	\$ 1,970.91	\$ 3,378.65
<u>Dental Plans</u>						
DeltaCare HMO	01/01/18 - 12/31/18	City of San Jose	\$ 24.93	\$ 49.84	\$ 43.59	\$ 74.77
Delta Dental PPO	01/01/18 - 12/31/18	City of San Jose	\$ 51.90	\$ 114.16	\$ 124.56	\$ 160.87
<u>Employee Assistance Program (EAP)</u>						
EAP Non-Sworn	01/01/18 - 12/31/18	City of San Jose	\$ 2.30	\$ 2.30	\$ 2.30	\$ 2.30
EAP Dispatchers	01/01/18 - 12/31/18	City of San Jose	\$ 15.91	\$ 15.91	\$ 15.91	\$ 15.91
<u>Vision Plans</u>						
Vision Service Plan - Signature Full-Time & Part-Time MEF, CEO, CAMP, ALP, AEA & AMSP and Unit 81/82 & Unit 99 Employees	01/01/18 - 12/31/18	City of San Jose	EE Only or Participant Only \$ 7.12	EE + Spouse/DP \$ 10.16	EE + Child(ren) \$ 12.55	EE + SP/DP + Child(ren) \$ 20.07
Vision Service Plan - Signature Except Full-Time & Part-Time MEF, CEO, CAMP, ALP, AEA & AMSP and Unit 81/82 & Unit 99 Employees	01/01/18 - 12/31/18	City of San Jose	EE Only or Participant Only \$ 11.69	EE + 1 Dep \$ 16.65	EE + 2 or more Dep \$ 29.82	
Vision Service Plan - Choice Full-Time & Part-Time MEF, CEO, CAMP, ALP, AEA & AMSP and Unit 81/82 & Unit 99 Employees	01/01/18 - 12/31/18	City of San Jose	EE Only or Participant Only \$ 7.49	EE + Spouse/DP \$ 10.69	EE + Child(ren) \$ 13.22	EE + SP/DP + Child(ren) \$ 21.13
Vision Service Plan - Choice Except Full-Time & Part-Time MEF, CEO, CAMP, ALP, AEA & AMSP and Unit 81/82 & Unit 99 Employees	01/01/18 - 12/31/18	City of San Jose	EE Only or Participant Only \$ 12.28	EE + 1 Dep \$ 17.52	EE + 2 or more Dep \$ 31.42	