

2018 COBRA RATES & PAYMENT INFORMATION
For All 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 + SP/DP + Child(ren)
<u>Medical Plans</u>				
Kaiser Permanente HMO \$25 Copay Plan	01/01/18 - 12/31/18	Kaiser Bills Directly	\$ 609.22	\$ 1,513.98
Kaiser Permanente HSA Qualified \$3,000 Deductible Plan	01/01/18 - 12/31/18	Kaiser Bills Directly	\$ 403.14	\$ 1,000.84
Sutter Health Plus HMO \$20 Copay Plan	01/01/18 - 12/31/18	City of San Jose	\$ 654.23	\$ 1,629.14
Sutter Health Plus \$1,500 Deductible Plan	01/01/18 - 12/31/18	City of San Jose	\$ 517.55	\$ 1,288.71
Blue Shield PPO \$100 Deductible Plan	01/01/18 - 12/31/18	City of San Jose	\$ 1,174.53	\$ 3,017.14
<u>Dental Plans</u>				
DeltaCare HMO	01/01/18 - 12/31/18	City of San Jose	\$ 42.66	\$ 42.66
Delta Dental PPO	01/01/18 - 12/31/18	City of San Jose	\$ 108.02	\$ 108.02
<u>Employee Assistance Program (EAP)</u>				
EAP Sworn	01/01/18 - 12/31/18	City of San Jose	\$ 15.91	\$ 15.91

	Current Rates	Check Information	Monthly Rates		
	Valid Dates:	Make Checks Payable To:	EE Only or Participant Only	EE + 1	EE + 2
<u>Vision Plans</u>					
Vision Service Plan - Signature POA, IAFF, Local 230	01/01/18 - 12/31/18	City of San Jose	\$ 11.69	\$ 16.65	\$ 29.82
Vision Service Plan - Choice POA, IAFF, Local 230	01/01/18 - 12/31/18	City of San Jose	\$ 12.28	\$ 17.52	\$ 31.42