

2023 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	1/1/2023 - 12/31/2023	P&A Group	\$ 819.92	\$ 2,041.57
Kaiser Permanente HSA Qualified \$3,000 Deductible Plan	1/1/2023 - 12/31/2023	P&A Group	\$ 541.64	\$ 1,348.66
Anthem \$20 Copay Traditional HMO	1/1/2023 - 12/31/2023	P&A Group	\$ 892.70	\$ 2,408.93
Anthem \$20 Copay Select HMO	1/1/2023 - 12/31/2023	P&A Group	\$ 776.55	\$ 2,095.45
Anthem \$1,500 Deductible Select HMO	1/1/2023 - 12/31/2023	P&A Group	\$ 598.68	\$ 1,615.58
Anthem \$100 Deductible Select PPO	1/1/2023 - 12/31/2023	P&A Group	\$ 2,217.07	\$ 5,982.83
Anthem \$100 Deductible Classic PPO	1/1/2023 - 12/31/2023	P&A Group	\$ 2,371.23	\$ 6,398.79
Anthem \$2,500 Deductible Classic PPO	1/1/2023+C98 - 12/31/2023	P&A Group	\$ 1,365.82	\$ 3,685.69
<u>Dental Plans</u>				
DeltaCare HMO	1/1/2022 - 12/31/2022	P&A Group	\$ 42.66	\$ 42.66
Delta Dental PPO	1/1/2022 - 12/31/2022	P&A Group	\$ 89.66	\$ 89.66
<u>Employee Assistance Program (EAP)</u>				
EAP Sworn	1/1/2022 - 12/31/2022	P&A Group	\$ 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	1/1/2022 - 12/31/2022	P&A Group	\$ 11.69	\$ 16.65	\$ 29.82
Vision Service Plan - Choice POA, IAFF, Local 230	1/1/2022 - 12/31/2022	P&A Group	\$ 12.28	\$ 17.52	\$ 31.42
<u>Flexible Spending Accounts (MRA and DCAP)</u>	If elected, you will be responsible to continue your monthly contribution based on the Plan year pledge amounts plus the \$3.25 fee plus 2%				

2023 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	1/1/2023 - 12/31/2023	P&A Group	\$ 801.88	\$ 1,603.75	\$ 1,403.28	\$ 2,405.63
Kaiser Permanente \$1,500 Deductible Plan	1/1/2023 - 12/31/2023	P&A Group	\$ 656.59	\$ 1,313.17	\$ 1,149.03	\$ 1,969.76
Kaiser Permanente HSA Qualified \$3,000 Deductible Plan	1/1/2023 - 12/31/2023	P&A Group	\$ 553.21	\$ 1,106.41	\$ 968.10	\$ 1,659.62
Anthem \$20 Copay Traditional HMO	1/1/20223 - 12/31/2023	P&A Group	\$ 892.70	\$ 1,963.93	\$ 1,606.89	\$ 2,767.36
Anthem \$20 Copay Select HMO	1/1/2023 - 12/31/2023	P&A Group	\$ 776.55	\$ 1,708.38	\$ 1,397.79	\$ 2,407.24
Anthem \$1,500 Deductible Select HMO	1/1/2023 - 12/31/2023	P&A Group	\$ 598.68	\$ 1,317.15	\$ 1,077.63	\$ 1,855.97
Anthem \$100 Deductible Select PPO	1/1/2023 - 12/31/2023	P&A Group	\$ 2,217.07	\$ 4,877.62	\$ 3,990.77	\$ 6,873.05
Anthem \$100 Deductible Classic PPO	1/1/2023 - 12/31/2023	P&A Group	\$ 2,371.23	\$ 5,216.75	\$ 4,268.21	\$ 7,350.83
Anthem \$2,500 Deductible Classic PPO	1/1/2023 - 12/31/2023	P&A Group	\$ 1,365.82	\$ 3,004.82	\$ 2,458.49	\$ 4,234.10
<u>Dental Plans</u>						
DeltaCare HMO	1/1/2023 - 12/31/2023	P&A Group	\$ 24.93	\$ 49.84	\$ 43.59	\$ 74.77
Delta Dental PPO	1/1/2023 - 12/31/2023	P&A Group	\$ 51.90	\$ 114.16	\$ 124.56	\$ 160.87
<u>Employee Assistance Program (EAP)</u>						
EAP Non-Sworn	1/1/2022 - 12/31/2022	P&A Group	\$ 3.97	\$ 3.97	\$ 3.97	\$ 3.97
EAP Dispatchers	1/1/2022 - 12/31/2022	P&A Group	\$ 15.91	\$ 15.91	\$ 15.91	\$ 15.91
<u>Vision Plans</u>						
Vision Service Plan - Signature <i>Full-Time & Part-Time MEF, CEO, CAMP, ALP, AEA & AMSP and Unit 81/82 & Unit 99 Employees</i>	1/1/2021-12/31/2021	P&A Group	\$ 7.12	\$ 10.16	\$ 12.55	\$ 20.07
Vision Service Plan - Signature <i>Except Full-Time & Part-Time MEF, CEO, CAMP, ALP, AEA & AMSP and Unit 81/82 & Unit 99 Employees</i>	1/1/2022 - 12/31/2022	P&A Group	\$ 11.69	\$ 16.65	\$ 29.82	
Vision Service Plan - Choice <i>Full-Time & Part-Time MEF, CEO, CAMP, ALP, AEA & AMSP and Unit 81/82 & Unit 99 Employees</i>	1/1/2022 - 12/31/2022	P&A Group	\$ 7.49	\$ 10.69	\$ 13.22	\$ 21.13
Vision Service Plan - Choice <i>Except Full-Time & Part-Time MEF, CEO, CAMP, ALP, AEA & AMSP and Unit 81/82 & Unit 99 Employees</i>	1/1/2022 - 12/31/2022	P&A Group	\$ 12.28	\$ 17.52	\$ 31.42	
<u>Flexible Spending Accounts (MRA and DCAP)</u>	If elected, you will be responsible to continue your monthly contribution based on the Plan year pledge amounts plus the \$3.25 fee plus 2%					