City of San José
Human Resources Department

2018 Medical Plan Semi-Monthly Rates

For All Employees (Except Employees Represented by the POA and IAFF, Local 230)

Effective from 1/1/2018 (PP 1) through 12/31/2018 (PP 26)
Medical plan premiums are deducted the first 2 paydays of each month and are pre-tax
Premiums are provided for 4 tier levels: Employee (EE) Only, EE plus Spouse (SP) or Domestic Partner (DP), EE plus Child(ren), and EE plus SP/DP and Child(ren)

KAISER PERMANENTE HMO PLANS

	HSA $3,000 Deductible				$1500 Deductible				$25 Copay			
	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs												
Employee Contribution	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 44.54**	**$ 89.08**	**$ 77.94**	**$ 133.61**
City Contribution	$ 204.85	$ 409.70	$ 358.49	$ 614.55	$ 243.12	$ 486.24	$ 425.46	$ 729.36	$ 252.38	$ 504.76	$ 441.67	$ 757.15
Total	$ 204.85	$ 409.70	$ 358.49	$ 614.55	$ 243.12	$ 486.24	$ 425.46	$ 729.36	$ 296.92	$ 593.84	$ 519.61	$ 890.76
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs												
Employee Contribution	**$ 51.21**	**$ 102.42**	**$ 89.62**	**$ 153.64**	**$ 60.78**	**$ 121.56**	**$ 106.36**	**$ 182.34**	**$ 107.63**	**$ 215.27**	**$ 188.36**	**$ 322.90**
City Contribution	$ 153.64	$ 307.28	$ 268.87	$ 460.91	$ 182.34	$ 364.68	$ 319.10	$ 547.02	$ 189.29	$ 378.57	$ 331.25	$ 567.86
Total	$ 204.85	$ 409.70	$ 358.49	$ 614.55	$ 243.12	$ 486.24	$ 425.46	$ 729.36	$ 296.92	$ 593.84	$ 519.61	$ 890.76
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs												
Employee Contribution	**$ 76.82**	**$ 153.64**	**$ 134.43**	**$ 230.46**	**$ 91.17**	**$ 182.34**	**$ 159.55**	**$ 273.51**	**$ 139.18**	**$ 278.36**	**$ 243.57**	**$ 417.54**
City Contribution	$ 128.03	$ 256.06	$ 224.06	$ 384.09	$ 151.95	$ 303.90	$ 265.91	$ 455.85	$ 157.74	$ 315.48	$ 276.04	$ 473.22
Total	$ 204.85	$ 409.70	$ 358.49	$ 614.55	$ 243.12	$ 486.24	$ 425.46	$ 729.36	$ 296.92	$ 593.84	$ 519.61	$ 890.76
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs												
Employee Contribution	**$ 102.42**	**$ 204.85**	**$ 179.24**	**$ 307.27**	**$ 121.56**	**$ 243.12**	**$ 212.73**	**$ 364.68**	**$ 170.73**	**$ 341.46**	**$ 298.77**	**$ 512.18**
City Contribution	$ 102.43	$ 204.85	$ 179.25	$ 307.28	$ 121.56	$ 243.12	$ 212.73	$ 364.68	$ 126.19	$ 252.38	$ 220.84	$ 378.58
Total	$ 204.85	$ 409.70	$ 358.49	$ 614.55	$ 243.12	$ 486.24	$ 425.46	$ 729.36	$ 296.92	$ 593.84	$ 519.61	$ 890.76

SUTTER HEALTH PLUS HMO PLANS

	$1500 Deductible				$20 Copay			
	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs								
Employee Contribution	**$ 4.43**	**$ 8.85**	**$ 7.75**	**$ 13.28**	**$ 61.25**	**$ 122.50**	**$ 107.16**	**$ 183.71**
City Contribution	$ 252.38	$ 504.76	$ 441.67	$ 757.15	$ 252.38	$ 504.76	$ 441.67	$ 757.15
Total	$ 256.81	$ 513.61	$ 449.42	$ 770.43	$ 313.63	$ 627.26	$ 548.83	$ 940.86
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs								
Employee Contribution	**$ 67.52**	**$ 135.04**	**$ 118.17**	**$ 202.57**	**$ 124.34**	**$ 248.69**	**$ 217.58**	**$ 373.00**
City Contribution	$ 189.29	$ 378.57	$ 331.25	$ 567.86	$ 189.29	$ 378.57	$ 331.25	$ 567.86
Total	$ 256.81	$ 513.61	$ 449.42	$ 770.43	$ 313.63	$ 627.26	$ 548.83	$ 940.86
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs								
Employee Contribution	**$ 99.07**	**$ 198.13**	**$ 173.38**	**$ 297.21**	**$ 155.89**	**$ 311.78**	**$ 272.79**	**$ 467.64**
City Contribution	$ 157.74	$ 315.48	$ 276.04	$ 473.22	$ 157.74	$ 315.48	$ 276.04	$ 473.22
Total	$ 256.81	$ 513.61	$ 449.42	$ 770.43	$ 313.63	$ 627.26	$ 548.83	$ 940.86
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs								
Employee Contribution	**$ 130.62**	**$ 261.23**	**$ 228.58**	**$ 391.85**	**$ 187.44**	**$ 374.88**	**$ 327.99**	**$ 562.28**
City Contribution	$ 126.19	$ 252.38	$ 220.84	$ 378.58	$ 126.19	$ 252.38	$ 220.84	$ 378.58
Total	$ 256.81	$ 513.61	$ 449.42	$ 770.43	$ 313.63	$ 627.26	$ 548.83	$ 940.86

BLUE SHIELD PPO PLAN

	$100 Deductible PPO			
	EE Only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs				
Employee Contribution	**$ 299.69**	**$ 599.37**	**$ 524.46**	**$ 899.05**
City Contribution	$ 252.38	$ 504.76	$ 441.67	$ 757.15
Total	$ 552.07	$ 1,104.13	$ 966.13	$ 1,656.20
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs				
Employee Contribution	**$ 362.78**	**$ 725.56**	**$ 634.88**	**$ 1,088.34**
City Contribution	$ 189.29	$ 378.57	$ 331.25	$ 567.86
Total	$ 552.07	$ 1,104.13	$ 966.13	$ 1,656.20
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs				
Employee Contribution	**$ 394.33**	**$ 788.65**	**$ 690.09**	**$ 1,182.98**
City Contribution	$ 157.74	$ 315.48	$ 276.04	$ 473.22
Total	$ 552.07	$ 1,104.13	$ 966.13	$ 1,656.20
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs				
Employee Contribution	**$ 425.88**	**$ 851.75**	**$ 745.29**	**$ 1,277.62**
City Contribution	$ 126.19	$ 252.38	$ 220.84	$ 378.58
Total	$ 552.07	$ 1,104.13	$ 966.13	$ 1,656.20

HEALTH IN-LIEU PLAN PAYMENTS

Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 35+ hours)
Payments are made every payday and are subject to tax withholding

If eligible for EE Only coverage:	**$ 89.09**
If eligible for EE+SP/DP coverage:	**$ 147.87**
If eligible for EE+Child(ren) coverage:	**$ 129.39**
If eligible for EE+SP/DP+Child(ren) coverage:	**$ 221.84**