

Full-time SEIU Employer/Employee Paid Benefits for 2020 (will need to be pro-rated for less than full-time)

Plan	Premium	Employer	Employee
<u>Kaiser HMO</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	768.49	614.79	153.70
Single + 1 NEW ENROLLMENT	1,536.98	614.79	922.19
Family NEW ENROLLMENT	1,998.07	614.79	1,383.28
Single + 1 GRANDFATHERED	1,536.98	738.48	798.50
Family GRANDFATHERED	1,998.07	950.32	1,047.75
<u>Anthem Blue Cross Select HMO</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	868.98	614.79	254.19
Single + 1 NEW ENROLLMENT	1,737.96	614.79	1,123.17
Family NEW ENROLLMENT	2,259.35	614.79	1,644.56
Single + 1 GRANDFATHERED	1,737.96	738.48	999.48
Family GRANDFATHERED	2,259.35	950.32	1,309.03
<u>Anthem Blue Cross Traditional HMO</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	1,184.84	614.79	570.05
Single + 1 NEW ENROLLMENT	2,369.68	614.79	1,754.89
Family NEW ENROLLMENT	3,080.58	614.79	2,465.79
Single + 1 GRANDFATHERED	2,369.68	738.48	1,631.20
Family GRANDFATHERED	3,080.58	950.32	2,130.26
<u>Blue Shield Access+ HMO</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	1,127.77	614.79	512.98
Single + 1 NEW ENROLLMENT	2,255.54	614.79	1,640.75
Family NEW ENROLLMENT	2,932.20	614.79	2,317.41
Single + 1 GRANDFATHERED	2,255.54	738.48	1,517.06
Family GRANDFATHERED	2,932.20	950.32	1,981.88
<u>Blue Shield Trio</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	833.00	614.79	218.21
Single + 1 NEW ENROLLMENT	1,666.00	614.79	1,051.21
Family NEW ENROLLMENT	2,165.80	614.79	1,551.01
Single + 1 GRANDFATHERED	1,666.00	738.48	927.52
Family GRANDFATHERED	2,165.80	950.32	1,215.48
<u>HealthNet SmartCare HMO</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	1,000.52	614.79	385.73
Single + 1 NEW ENROLLMENT	2,001.04	614.79	1,386.25
Family NEW ENROLLMENT	2,601.35	614.79	1,986.56
Single + 1 GRANDFATHERED	2,001.04	738.48	1,262.56
Family GRANDFATHERED	2,601.35	950.32	1,651.03
<u>United Healthcare Alliance HMO</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	899.94	614.79	285.15
Single + 1 NEW ENROLLMENT	1,799.88	614.79	1,185.09
Family NEW ENROLLMENT	2,339.84	614.79	1,725.05
Single + 1 GRANDFATHERED	1,799.88	738.48	1,061.40
Family GRANDFATHERED	2,339.84	950.32	1,389.52
<u>Western Health Advantage</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	731.96	614.79	117.17
Single + 1 NEW ENROLLMENT	1,463.92	614.79	849.13
Family NEW ENROLLMENT	1,903.10	614.79	1,288.31
Single + 1 GRANDFATHERED	1,463.92	738.48	725.44
Family GRANDFATHERED	1,903.10	950.32	952.78
<u>PERS Choice PPO</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	861.18	614.79	246.39
Single + 1 NEW ENROLLMENT	1,722.36	614.79	1,107.57
Family NEW ENROLLMENT	2,239.07	614.79	1,624.28
Single + 1 GRANDFATHERED	1,722.36	738.48	983.88
Family GRANDFATHERED	2,239.07	950.32	1,288.75
<u>PERS Select PPO</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	520.29	614.79	-
Single + 1 NEW ENROLLMENT	1,040.58	614.79	425.79
Family NEW ENROLLMENT	1,352.75	614.79	737.96
Single + 1 GRANDFATHERED	1,040.58	738.48	302.10
Family GRANDFATHERED	1,352.75	950.32	402.43
<u>PERSCare PPO</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	1,133.14	614.79	518.35
Single + 1 NEW ENROLLMENT	2,266.28	614.79	1,651.49
Family NEW ENROLLMENT	2,946.16	614.79	2,331.37
Single + 1 GRANDFATHERED	2,266.28	738.48	1,527.80
Family GRANDFATHERED	2,946.16	950.32	1,995.84
<u>Vision</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	11.26	11.26	0.00
<u>Dental</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	120.28	120.28	0.00
<u>Life</u>	<u>12/1/2019</u>	<u>Cost</u>	<u>Cost</u>
Single	2.25	2.25	0.00

For additional information about medical benefits, [Please Click Here](#)

Vision has a negotiated employer contribution capped at \$13.09 per month.

PERS Select is not accepted at Sutter Facilities or Sutter Providers

Not all plans are available in your county of residence. Please check the [www.calpers.ca.gov](http://www.calpers.ca.gov) website for availability in your area.

Single+1 and Family Grandfathered applies to members who were already enrolled as of 8/30/16.