City Health Plans/Carrier	Fully Insured or Self Insured	Current Enrollment	Current Annual Premium		ent Monthly ates by Tier	City Monthly Contribution	
Keizes DOS New	Fully to supply						-
Kaiser POS Plan	Fully Insured	1\$	18,283.44	ć	1 532 63	\$ 683.00	
Employee Only Employee + 1		1 \$	32,911.56		1,523.62 2,742.63		
		1 \$ 0 \$	,		,	. ,	
Employee + Family	Fully transmit	0 \$	43,880.16	Ş	3,656.68	\$ 1,652.00	
Kaiser HDHP/HSA	Fully Insured	59 \$	7 550 04	ć	629.17	\$ 683.00	
Employee Only		28 \$	7,550.04 13,590.12		1,132.51		
Employee + 1			,		,	. ,	
Employee + Family	Fully Issued	154 \$	18,120.00	Ş	1,510.00	\$ 1,652.00	
Kaiser HMO	Fully Insured	202 6	0 530 00	~	744 50	ć (02.00	
Employee Only		203 \$	8,538.96		711.58		
Employee + 1		114 \$	15,371.52		1,280.96		
Employee + Family	Fully transmit	252 \$	20,493.36	Ş	1,707.78	\$ 1,652.00	
Kaiser PPO	Fully Insured		20.070.04				
Surviving Spouse Only	Fully Issued	1 \$	28,970.64	Ş	2,414.22	\$ 2,414.22	
Sutter Health Plus HDHP	Fully Insured	20. Á			c20.20		
Employee Only		28 \$	7,672.68		639.39		
Employee + 1		18 \$	13,811.40		1,150.95		
Employee + Family		61 \$	18,414.60	Ş	1,534.55	\$ 1,652.00	
Sutter Health Plus HMO	Fully Insured						
Employee Only		127 \$	8,663.88		721.99		
Employee + 1		82 \$	15,605.40		1,300.45		
Employee + Family		187 \$	20,818.20	Ş	1,734.85	\$ 1,652.00	
Delta Dental DHMO	Fully Insured						
Employee Only		68 \$	235.20		19.60		- bundled in city contribution in medical rate above; if no medical elected - city covers full cost
Employee + 1		33 \$	453.60		37.80		- bundled in city contribution in medical rate above; if no medical elected - city covers full cost
Employee + Family		48 \$	990.48	Ş	82.54	if medical elected	- bundled in city contribution in medical rate above; if no medical elected - city covers full cost
Delta Dental DPPO	Self Insured						
Employee Only		363 \$	702.36		58.53		- bundled in city contribution in medical rate above; if no medical elected - city covers full cost
Employee + 1		226 \$	1,404.84		117.07		- bundled in city contribution in medical rate above; if no medical elected - city covers full cost
Employee + Family	- 16. I	680 \$	1,826.16	Ş	152.18	if medical elected	- bundled in city contribution in medical rate above; if no medical elected - city covers full cost
Vision (VSP)	Self Insured						
Employee Only		433 \$	94.92		7.91		- bundled in city contribution in medical rate above; if no medical elected - city covers full cost
Employee + 1		260 \$	190.08		15.84		- bundled in city contribution in medical rate above; if no medical elected - city covers full cost
Employee + Family		727 \$	246.84		20.57		- bundled in city contribution in medical rate above; if no medical elected - city covers full cost
Group Life (Reliance Standard) - all employees		1507 \$	134,100.36		11,175.03	\$ 11,175.03	
Group AD&D (Reliance Standard) - select groups			emium included i	-			
Long Term Disability (Reliance Standard)		932 \$	451,113.96	Ş	37,592.83		
Flexible Spending Account (P&A) - \$3.40 monthly fee per employee		208 \$	-			N/A	
Commuter Benefits (P&A) - \$3.25 monthly fee per employee		6\$	-			N/A	
EAP (Halcyon)		1505 \$	-				
Number of Employees Waived City Health Plan	N/A	275 N/	A	N/A		N/A	
Health Savings Account (P&A)		290 \$	-				
Subsidy - Employee Only		\$	-			\$ 1,000.00	
Subsidy - Employee plus 1/family		\$	-			\$ 2,000.00	
Health Reimbursement Account (O&M & Water Supervisory Units)		\$	-			5.5% of base salar	
Volunteer Products (MetLife)		\$	-				
Supplemental Term Life & AD&D		520 \$	-				
Short Term Disability		178 \$	-				
Accident		379 \$	-				
Critical Illness		238 \$	-				
Hospital Indemnity		177 \$	-				

Employee + 1   32 \$   453.60 \$   37.80 if medical elected
Employee Only   28   \$   12,901.92   \$   1,075.16   \$   670.00     Employee + 1   13   \$   23,224.20   \$   1,935.35   \$   1,216.00     Employee + Family   30   \$   30,970.68   \$   2,580.89   \$   1,620.00     Kaiser HDHP/HSA   Fully Insured     7,272.72   \$   660.06   \$   670.00     Employee Only   78   \$   7,272.72   \$   660.06   \$   670.00     Employee + Family   78   \$   13,090.92   \$   1,090.91   \$   1,216.00     Kaiser HMO   Fully Insured   173   \$   1,480.488   \$   1,423.74   \$   1,216.00     Employee Only   211   \$   8,224.20   \$   685.35   \$   670.00     Employee Anily   Fully Insured   229   \$   14,804.88   \$   1,224.60     Employee Only   Fully Insured   2   \$   7,499.28   \$
Employee Only   28   \$   12,901.92   \$   1,075.16   \$   670.00     Employee + 1   13   \$   23,224.20   \$   1,935.35   \$   1,216.00     Kaiser HDHP/HSA   Fully Insured   7   7,272.72   \$   606.06   \$   670.00     Employee Only   7,272.72   \$   606.06   \$   670.00     Employee + Family   173   \$   1,309.92   \$   1,020.91   \$   1,216.00     Employee + Family   173   \$   1,7454.48   \$   1,424.54   \$   1,2216.00     Kaiser HMO   Fully Insured   211   \$   8,224.20   \$   685.35   \$   670.00     Employee Only   211   \$   8,224.20   \$   685.35   \$   670.00     Employee + 1   229   \$   14,804.88   \$   1,223.74   \$   1,2216.00     Sutter Health Plus HDHP   Fully Insured   2   \$   7,499.28   \$   647.00 <t< td=""></t<>
Employee + 1 13 \$ 23,224.20 \$ 1,935.35 \$ 1,216.00   Employee + Family 30 \$ 30,970.68 \$ 2,580.89 \$ 1,620.00   Kaiser HDHP/HSA Fully Insured 70 \$ 7,272.72 \$ 606.06 \$ 670.00   Employee Only 70 \$ 7,272.72 \$ 606.06 \$ 670.00   Employee + 1 173 \$ 17,454.48 \$ 1,909.91 \$ 1,216.00   Kaiser HMO Fully Insured 173 \$ 17,454.48 \$ 1,233.74 \$ 1,620.00   Kaiser HMO Fully Insured 211 \$ 8,224.20 \$ 685.35 \$ 670.00   Employee + Family 211 \$ 8,224.20 \$ 685.35 \$ 670.00   Employee + 1 109 \$ 14,804.88 \$ 1,233.74 \$ 1,216.00   Employee + 1 229 \$ 19,737.84 \$ 1,644.82 \$ 1,620.00   Sutter Health Plus HDHP Fully Insured 22 \$ 7,499.28 \$ 649.44 \$ 1,216.00   Employee Only 18 \$ 13,498.08 \$ 1,124.84 \$ 1,216.00   Employee + Family 59 \$ 17,996.64 \$ 1,499.72 \$ 1,620.00   Sutter Health Plu
Employee + Family   30   \$   30,970.68   \$   2,580.89   \$   1,620.00     Kaiser HDHP/HSA   Fully Insured   70   \$   7,272.72   \$   606.06   \$   670.00     Employee Only   70   \$   7,272.72   \$   606.06   \$   670.00     Employee + 1   38   \$   13,090.92   \$   1,090.91   \$   1,216.00     Kaiser HMO   Fully Insured   173   \$   17,454.48   \$   1,426.00     Kaiser HMO   Fully Insured   211   \$   8,224.20   \$   685.35   \$   670.00     Employee Only   211   \$   8,224.20   \$   685.35   \$   670.00     Employee P1   209   \$   19,737.84   \$   1,216.00     Employee Only   32   \$   7,499.28   \$   6670.00     Employee P1   Employee N1   \$   1,499.72   \$   1,620.00     Sutter Health Plus HMO   Fully Insured
Kaiser HDHP/HSA Fully Insured   Employee Only 70 \$ 7,272.72 \$ 606.06 \$ 670.00   Employee + 1 38 \$ 13,090.92 \$ 1,090.91 \$ 1,216.00   Employee + Family 173 \$ 17,454.48 \$ 1,454.54 \$ 1,620.00   Kaiser HMO Fully Insured 211 \$ 8,224.20 \$ 685.35 \$ 670.00   Employee Only 211 \$ 8,224.20 \$ 685.35 \$ 670.00   Employee + Family 211 \$ 8,224.20 \$ 685.35 \$ 670.00   Employee + Family 229 \$ 19,737.84 \$ 1,244.82 \$ 1,216.00   Employee + Family 229 \$ 7,499.28 \$ 670.00 \$ 1,216.00   Employee Only 32 \$ 7,499.28 \$ 1,220.00 \$ 1,216.00   Employee + Family 59 \$ 17,99.64 \$ 1,499.72 \$ 1,620.00 \$
Employee Only   70   \$   7,272.72   \$   606.06   \$   670.00     Employee + 1   38   \$   13,090.92   \$   1,090.91   \$   1,216.00     Employee + Family   173   \$   17,454.48   \$   1,454.54   \$   1,620.00     Kaiser HMO   Fully Insured   211   \$   8,224.20   \$   685.35   \$   670.00     Employee Only   211   \$   8,224.20   \$   685.35   \$   670.00     Employee + Family   229   \$   19,737.84   \$   1,216.00     Employee + Family   229   \$   19,737.84   \$   1,216.00     Sutter Health Plus HDHP   Fully Insured   229   \$   19,737.84   \$   1,216.00     Employee Only   5   7,499.28   \$   624.94   \$   670.00     Employee Only   18   \$   13,498.08   \$   1,499.72   \$   1,620.00     Sutter Health Plus HMO   Fully Insure
Employee + 1 38 \$ 13,090.92 \$ 1,090.91 \$ 1,216.00   Employee + Family 173 \$ 17,454.48 \$ 1,454.54 \$ 1,620.00   Kaiser HMO Fully Insured 211 \$ 8,224.20 \$ 685.35 \$ 670.00   Employee 0nly 211 \$ 8,224.20 \$ 685.35 \$ 670.00   Employee + 1 09 \$ 14,804.88 \$ 1,233.74 \$ 1,216.00   Employee + Family 229 \$ 19,737.84 \$ 1,644.82 \$ 1,216.00   Sutter Health Plus HDHP Fully Insured 229 \$ 19,737.84 \$ 1,620.00   Employee 0nly Employee 18 \$ 13,498.08 \$ 1,124.84 \$ 1,216.00   Employee + Family 59 \$ 17,996.64 \$ 1,499.72 \$ 1,620.00   Sutter Health Plus HMO Fully Insured 5 \$ 1,216.00 \$ 1,216.00 \$ 1,216.00 \$ 1,216.00 \$
Employee + Family   173   \$   17,454.48   \$   1,454.54   \$   1,620.00     Kaiser HMO   Fully Insured   211   \$   8,224.20   \$   685.35   \$   670.00     Employee Only   109   \$   14,804.88   \$   1,233.74   \$   1,216.00     Employee + Family   229   \$   19,737.84   \$   1,644.82   \$   1,220.00     Sutter Health Plus HDHP   Fully Insured   229   \$   19,737.84   \$   1,644.82   \$   1,220.00     Sutter Health Plus HDHP   Fully Insured   229   \$   7,499.28   \$   624.94   \$   670.00     Employee Only   32   \$   7,499.28   \$   624.94   \$   670.00     Employee Pamily   59   \$   17,996.64   \$   1,499.72   \$   1,620.00     Sutter Health Plus HMO   Fully Insured   5   2,524.90   \$   1,216.00   1,216.00     Employee Only   16   \$
Kaiser HMO Fully Insured   Employee Only 211 \$ 8,224.20 \$ 685.35 \$ 670.00   Employee + 1 109 \$ 14,804.88 \$ 1,233.74 \$ 1,216.00   Employee + Family 229 \$ 19,737.84 \$ 1,644.82 \$ 1,620.00   Sutter Health Plus HDHP Fully Insured 229 \$ 19,737.84 \$ 624.94 \$ 670.00   Employee Only 32 \$ 7,499.28 \$ 624.94 \$ 670.00   Employee + Family 59 \$ 17,996.64 \$ 1,24.84 \$ 1,216.00   Employee + Family 59 \$ 17,996.64 \$ 1,499.72 \$ 1,620.00   Sutter Health Plus HMO Fully Insured 116 \$ 8,466.36 \$ 705.53 \$ 670.00   Employee Only 116 \$ 12,490.01 \$ 1,216.00 1 1,200.01 1 1,220.01 1,216.00 1,216.00 1,216.00 1,216.00 1,216.00 1,216.00
Employee Only 211 \$ 8,224.20 \$ 685.35 \$ 670.00   Employee + 1 109 \$ 14,804.88 \$ 1,233.74 \$ 1,216.00   Employee + Family 229 \$ 19,737.84 \$ 1,644.82 \$ 1,620.00   Sutter Health Plus HDHP Fully Insured 2 \$ 7,499.28 \$ 624.94 \$ 670.00   Employee Only 32 \$ 7,499.28 \$ 624.94 \$ 670.00   Employee + 1 18 \$ 13,498.08 \$ 1,124.84 \$ 1,216.00   Employee + Family 59 \$ 17.996.64 \$ 1,620.00 5   Sutter Health Plus HMO Fully Insured 5 \$ 1,707.53 \$ 1,620.00   Employee Only 116 \$ 8,466.36 \$ 705.53 \$ 670.00   Employee + 1 5 2,0341.32 \$ 1,216.00 \$ 1,220.00   Employee Only 5 2,0341.32 \$ 1,216.00 \$ 1,200.
Employee + 1 109 \$ 14,804.88 \$ 1,233.74 \$ 1,216.00   Employee + Family 229 \$ 19,737.84 \$ 1,644.82 \$ 1,620.00   Sutter Health Plus HDHP Fully Insured 32 \$ 7,499.28 \$ 624.94 \$ 670.00   Employee + 1 18 \$ 13,498.08 \$ 1,124.84 \$ 1,216.00   Employee + Family 59 \$ 17,996.64 \$ 1,499.72 \$ 1,620.00   Sutter Health Plus HMO Fully Insured 59 \$ 17,996.64 \$ 1,499.72 \$ 1,620.00   Sutter Health Plus HMO Fully Insured 59 \$ 17,996.64 \$ 1,499.72 \$ 1,620.00   Sutter Health Plus HMO Fully Insured 5 1,220.75 \$ 1,216.00 5 1,220.75 \$ 1,216.00   Employee A 1 66 \$ 15,249.00 \$ 1,220.75 \$ 1,216.00   Employee + Family 160 \$ 20,341.32 \$ 1,600.11
Employee + Family   229   \$   19,737.84   \$   1,644.82   \$   1,620.00     Sutter Health Plus HDHP   Fully Insured   32   \$   7,499.28   \$   624.94   \$   670.00     Employee + 1   18   \$   13,498.08   \$   1,124.84   \$   1,216.00     Employee + Family   59   \$   17,996.64   \$   1,499.72   \$   1,620.00     Sutter Health Plus HMO   Fully Insured   59   \$   17,996.64   \$   1,499.72   \$   1,620.00     Sutter Health Plus HMO   Fully Insured   59   \$   17,996.64   \$   1,499.72   \$   1,620.00     Sutter Health Plus HMO   Fully Insured   5   \$   1,216.00   \$   1,220.75   \$   1,216.00     Employee + 1   66   \$   20,341.32   \$   1,695.11   \$   1,620.00     Delta Dental DHMO   Fully Insured   5   20,341.32   \$   1,695.11   \$   1,620.00
Sutter Health Plus HDHP   Fully Insured     Employee Only   32   \$7,499.28   \$624.94   \$670.00     Employee Only   32   \$7,499.28   \$13,498.08   \$1,124.84   \$1,216.00     Employee + 1   18   \$13,498.08   \$1,124.84   \$1,216.00     Employee + Family   59   \$17,996.64   \$1,499.72   \$1,620.00     Sutter Health Plus HMO   Fully Insured        Employee Only   116   \$8,466.36   \$705.53   \$670.00     Employee Only   116   \$2,494.00   \$1,270.75   \$1,216.00     Employee + 1   66   \$20,341.32   \$1,695.11   \$1,620.00     Delta Dental DHMO   Fully Insured    \$1,695.11   \$1,620.00     Employee Only   Fully Insured    \$1,695.11   \$1,620.00     Delta Dental DHMO   Fully Insured    \$1,695.11   \$1,620.00     Employee Only   59   \$235.20   \$1,695.11   \$1,620.00     Employee + 1   32   \$453.60   \$37.80
Employee Only 32 \$ 7,499.28 \$ 624.94 \$ 670.00   Employee + 1 18 \$ 13,498.08 \$ 1,124.84 \$ 1,216.00   Employee + Family 59 \$ 17,996.64 \$ 1,499.72 \$ 1,620.00   Sutter Health Plus HMO Fully Insured   * 705.53 \$ 670.00   Employee Only 116 \$ 8,466.36 \$ 705.53 \$ 670.00   Employee + 1 66 \$ 15,249.00 \$ \$ 1,216.00   Employee + Family 160 \$ 20,341.32 \$ 1,216.00   Employee + Family 160 \$ 20,341.32 \$ 1,220.00   Delta Dental DHMO Fully Insured   1,620.00 \$ 1,620.00   Employee Only Fully Insured   3 1,690.11 \$ 1,620.00   Employee Only Fully Insured    3 \$ 1,620.00 \$ 1,620.00 \$ <
Employee + 1 18 \$ 13,498.08 \$ 1,124.84 \$ 1,216.00   Employee + Family 59 \$ 17,996.64 \$ 1,499.72 \$ 1,620.00   Sutter Health Plus HMO Fully Insured    5 \$ 579.53 \$ 670.00   Employee + 1 66 \$ 15,249.00 \$ 1,270.75 \$ 1,216.00   Employee + Family 160 \$ 20,341.32 \$ 1,600.00 1,270.75 \$ 1,216.00   Delta Dental DHMO Fully Insured 160 \$ 20,341.32 \$ 1,600.00   Employee Only Employee Only 66 \$ 32,520 \$ 1,600.00   Employee Only 232 \$ 453.60 \$ 37.80 if medical elected -
Employee + Family   59   5   17,996.64   \$   1,499.72   \$   1,620.00     Sutter Health Plus HMO   Fully Insured
Sutter Health Plus HMO   Fully Insured     Employee Only   116   \$ 8,466.36   \$ 705.53   \$ 670.00     Employee Only   66   \$ 15,249.00   \$ 1,270.75   \$ 1,216.00     Employee + Family   160   \$ 20,341.32   \$ 1,695.11   \$ 1,620.00     Delta Dental DHMO   Fully Insured   Employee Only   \$ 1,695.11   \$ 1,620.00     Employee Only   79   \$ 235.20   \$ 19.60   if medical elected - 1     Employee + 1   32   \$ 453.60   \$ 37.80   if medical elected - 1
Employee Only   116   \$   8,466.36   \$   705.53   \$   670.00     Employee + 1   66   \$   15,249.00   \$   1,270.75   \$   1,216.00     Employee + Family   160   \$   20,341.32   \$   1,695.11   \$   1,620.00     Delta Dental DHMO   Fully Insured   79   \$   235.20   \$   19.60   if medical elected -     Employee + 1   32   \$   453.60   \$   37.80   if medical elected -
Employee + 1   66   \$   15,249.00   \$   1,270.75   \$   1,216.00     Employee + Family   160   \$   20,341.32   \$   1,695.11   \$   1,620.00     Delta Dental DHMO   Fully Insured   5   235.20   \$   19.60   if medical elected -     Employee + 1   32   \$   453.60   \$   37.80   if medical elected -
Employee + Family   160 \$   20,341.32 \$   1,695.11 \$   1,620.00     Delta Dental DHMO   Fully Insured   79 \$   235.20 \$   19.60 if medical elected -     Employee Only   79 \$   235.20 \$   19.60 if medical elected -     Employee + 1   32 \$   453.60 \$   37.80 if medical elected -
Delta Dental DHMO   Fully Insured     Employee Only   79 \$ 235.20 \$ 19.60 if medical elected -     Employee + 1   32 \$ 453.60 \$ 37.80 if medical elected -
Employee Only   79 \$   235.20 \$   19.60 if medical elected -     Employee + 1   32 \$   453.60 \$   37.80 if medical elected -
Employee + 1   32 \$   453.60 \$   37.80 if medical elected -
Employee + Family 51 S 990.48 S 82.54 if medical elected -
Delta Dental DPPO Self Insured
Employee Only   378   \$   696.12   \$   58.01   if medical elected -
Employee + 1   212   \$   1,392.36   \$   116.03   if medical elected -
Employee + Family   600   1,809.84   \$   150.82   if medical elected -
Vision (VSP) Self Insured
Employee Only 457 \$ 86.16 \$ 7.18 if medical elected -
Employee + 1 244 \$ 172.44 \$ 14.37 if medical elected -
Employee + Family 651 \$ 224.04 \$ 18.67 if medical elected -