

City of Stockton  
2020-2021

**RATES FOR FULL-TIME EMPLOYEES IN THE FIRE, FIRE MANAGEMENT, SPOA AND SPMA UNITS**

**Anthem PPO Plan - Medical, Dental and Vision**

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,101.94	\$644.00	\$457.94	\$228.97
Employee + 1	\$1,987.52	\$1,169.00	\$818.52	\$409.26
Employee + Family	\$2,682.10	\$1,557.00	\$1,125.10	\$562.55
Tier with PPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$1,140.35	\$644.00	\$496.35	\$248.17
Employee + 1	\$2,065.75	\$1,169.00	\$896.75	\$448.37
Employee + Family	\$2,750.38	\$1,557.00	\$1,193.38	\$596.69

**Kaiser HDHP HSA Plan - Medical, Dental and Vision**

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$632.84	\$644.00	\$0.00	\$0.00
Employee + 1	\$1,143.08	\$1,169.00	\$0.00	\$0.00
Employee + Family	\$1,555.75	\$1,557.00	\$0.00	\$0.00
Tier with PPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$671.25	\$644.00	\$27.25	\$13.62
Employee + 1	\$1,221.31	\$1,169.00	\$52.31	\$26.15
Employee + Family	\$1,624.03	\$1,557.00	\$67.03	\$33.51

**Kaiser HMO (No Deductible) Plan- Medical, Dental and Vision**

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$712.13	\$644.00	\$68.13	\$34.06
Employee + 1	\$1,285.91	\$1,169.00	\$116.91	\$58.45
Employee + Family	\$1,746.03	\$1,557.00	\$189.03	\$94.51
Tier with PPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$750.54	\$644.00	\$106.54	\$53.27
Employee + 1	\$1,364.14	\$1,169.00	\$195.14	\$97.57
Employee + Family	\$1,814.31	\$1,557.00	\$257.31	\$128.65

**Sutter Health Plus HDHP HSA Plan - Medical, Dental and Vision**

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$651.72	\$644.00	\$7.72	\$3.86
Employee + 1	\$1,177.01	\$1,169.00	\$8.01	\$4.00
Employee + Family	\$1,600.93	\$1,557.00	\$43.93	\$21.96
Tier with PPO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$690.13	\$644.00	\$46.13	\$23.06
Employee + 1	\$1,255.24	\$1,169.00	\$86.24	\$43.12
Employee + Family	\$1,669.21	\$1,557.00	\$112.21	\$56.10

**Sutter Health Plus HMO Plan - Medical, Dental and Vision**

Tier with DHMO Dental	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Per Paycheck Deduction
Employee Only	\$732.31	\$644.00	\$88.31	\$44.15

Employee + 1	\$1,322.92	\$1,169.00	\$153.92	\$76.96
Employee + Family	\$1,796.32	\$1,557.00	\$239.32	\$119.66
<b>Tier with PPO Dental</b>	<b>Total Monthly</b>	<b>Employer Monthly Contribution</b>	<b>Employee Monthly Contribution</b>	<b>Per Paycheck Deduction</b>
Employee Only	\$770.72	\$644.00	\$126.72	\$63.36
Employee + 1	\$1,401.15	\$1,169.00	\$232.15	\$116.07
Employee + Family	\$1,864.60	\$1,557.00	\$307.60	\$153.80