| | MA | ANAGEMENT UNI | T | |
|--------------------------|-----------------------|--------------------------------|---------------------------------------|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution |
| CIGNA CHOICE FUND OF | PEN ACCESS PLUS HSA 3 | 000 PPO PLAN | | |
| Single | \$1,168.95 | \$450.01 | \$718.94 | \$359.47 |
| Two Party | \$2,456.33 | \$925.01 | \$1,531.32 | \$765.66 |
| • Family | \$3,510.79 | \$1,300.01 | \$2,210.78 | \$1,105.39 |
| CIGNA FULL NETWORK | (HMO | | | |
| Single | \$911.25 | \$450.01 | \$461.24 | \$230.62 |
| ■ Two Party | \$1,913.64 | \$925.00 | \$988.64 | \$494.32 |
| Family | \$2,733.78 | \$1,300.00 | \$1,433.78 | \$716.89 |
| CIGNA SELECT NETWO | RK HMO | | | |
| Single | \$737.51 | \$450.01 | \$287.50 | \$143.75 |
| ■ Two Party | \$1,548.79 | \$925.01 | \$623.78 | \$311.89 |
| ■ Family | \$2,212.53 | \$1,300.01 | \$912.52 | \$456.26 |
| KAISER HMO | | | | |
| Single | \$706.03 | \$450.01 | \$256.02 | \$128.01 |
| ■ Two Party | \$1,412.06 | \$925.00 | \$487.06 | \$243.53 |
| ■ Family | \$1,998.06 | \$1,300.00 | \$698.06 | \$349.03 |
| DELTA DENTAL PPO | | | | |
| Single | \$52.72 | \$45.78 | \$6.94 | \$3.47 |
| ■ Two Party | \$105.44 | \$45.78 | \$59.66 | \$29.83 |
| ■ Family | \$131.80 | \$45.78 | \$86.02 | \$43.01 |
| DELTA DENTAL HMO | | | | |
| Single | \$15.52 | \$15.52 | \$0.00 | \$0.00 |
| ■ Two Party | \$31.03 | \$31.03 | \$0.00 | \$0.00 |
| Family | \$45.78 | \$45.78 | \$0.00 | \$0.00 |
| /SP | | | | |
| ■ Single | \$8.05 | \$8.05 | \$0.00 | \$0.00 |
| ■ Two Party | \$12.21 | \$12.21 | \$0.00 | \$0.00 |
| ■ Family | \$22.31 | \$22.31 | \$0.00 | \$0.00 |

| 世界性 2000年1月 | F | EDERATION UNIT | | |
|--------------------------|----------------------|--|---------------------------------------|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution |
| CIGNA CHOICE FUND OP | EN ACCESS PLUS HSA 3 | 000 PPO PLAN—EMPLOY | EES HIRED BEFORE J | UNE 29, 1996 |
| ■ Single | \$1,168.95 | \$500.01 | \$668.94 | \$334.47 |
| ■ Two Party | \$2,456.33 | \$1,050.01 | \$1,406.32 | \$703.16 |
| ■ Family | \$3,510.79 | \$1,500.01 | \$2,010.78 | \$1,005.39 |
| CIGNA CHOICE FUND OP | EN ACCESS PLUS HSA 3 | 000 PPO PLAN—EMPLOY | EES HIRED ON OR AF | TER JUNE 29, 1996 |
| ■ Single · | \$1,168.95 | \$460.01 | \$708.94 | \$354.47 |
| ■ Two Party | \$2,456.33 | \$920.01 | \$1,536.32 | \$768.16 |
| ■ Family | \$3,510.79 | \$1,300.01 | \$2,210.78 | \$1,105.39 |
| CIGNA FULL NETWORK | НМО | | | |
| Single | \$911.25 | \$500.01 | \$411.24 | \$205.62 |
| ■ Two Party | \$1,913.64 | \$1,050.00 | \$863.64 | \$431.82 |
| Family | \$2,733.78 | \$1,500.00 | \$1,233.78 | \$616.89 |
| CIGNA SELECT NETWOR | RK HMO | | | |
| ■ Single | \$737.51 | \$500.01 | \$237.50 | \$118.75 |
| ■ Two Party | \$1,548.79 | \$1,050.01 | \$498.78 | \$249.39 |
| ■ Family | \$2,212.53 | \$1,500.01 | \$712.52 | \$356.26 |
| KAISER HMO | | | | |
| ■ Single | \$706.03 | \$460.01 | \$246.02 | \$123.01 |
| ■ Two Party | \$1,412.06 | \$920.00 | \$492.06 | \$246.03 |
| ■ Family | \$1,998.06 | \$1,300.00 | \$698.06 | \$349.03 |
| DELTA DENTAL PPO | | | | |
| ■ Single | \$52.72 | \$25.00 | \$27.72 | \$13.86 |
| ■ Two Party | \$105.44 | \$25.00 | \$80.44 | \$40.22 |
| ■ Family | \$131.80 | \$25.00 | \$106.80 | \$53.40 |
| DELTA DENTAL HMO | | New Action of Persons and Control of Control | | |
| ■ Single | \$15.52 | \$15.52 | \$0.00 | \$0.00 |
| ■ Two Party | \$31.03 | \$15.53 | \$15.50 | \$7.75 |
| ■ Family | \$45.78 | \$15.52 | \$30.26 | \$15.13 |
| /SP | | | | |
| Single | \$8.05 | \$7.31 | \$0.74 | \$0.37 |
| ■ Two Party | \$12.21 | \$7.31 | \$4.90 | \$2.45 |
| ■ Family | \$22.31 | \$7.31 | \$15.00 | \$7.50 |

| 11.4 国内型区为 | POLIC | E MANAGEMENT | UNIT | |
|-----------------------------|-----------------------|--------------------------------|---------------------------------------|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution |
| CIGNA CHOICE FUND OF | PEN ACCESS PLUS HSA 3 | 000 PPO PLAN | | |
| Single | \$1,164.45 | \$778.11 | \$386.34 | \$193.17 |
| ■ Two Party | \$2,451.83 | \$1,640.13 | \$811.70 | \$405.85 |
| Family | . \$3,506.29 | .\$2,212.47 | \$1,293.82 | \$646.91 |
| CIGNA FULL NETWORK | СНМО | | | |
| Single | \$911.25 | \$715.57 | \$195.68 | \$97.84 |
| Two Party | \$1,913.64 | \$1,503.52 | \$410.12 | \$205.06 |
| ■ Family | \$2,733.78 | \$2,136.54 | \$597.24 | \$298.62 |
| CIGNA SELECT NETWO | RK HMO | | | |
| Single | \$737.51 | \$600.93 | \$136.58 | \$68.29 |
| ■ Two Party | \$1,548.79 | \$1,267.93 | \$280.86 | \$140.43 |
| ■ Family | \$2,212.53 | \$1,742.77 | \$469.76 | \$234.88 |
| KAISER HMO | | | | |
| Single | \$706.03 | \$563.65 | \$142.38 | \$71.19 |
| ■ Two Party | \$1,412.06 | \$1,125.28 | \$286.78 | \$143.39 |
| ■ Family | \$1,998.06 | \$1,580.00 | \$418.06 | \$209.03 |
| DELTA DENTAL PPO | | | | |
| Single | \$52.72 | \$45.78 | \$6.94 | \$3.47 |
| ■ Two Party | \$105.44 | \$45.78 | \$59.66 | \$29.83 |
| ■ Family | \$131.80 | \$45.78 | \$86.02 | \$43.01 |
| DELTA DENTAL HMO | | | | |
| Single | \$15.52 | \$15.52 | \$0.00 | \$0.00 |
| Two Party | \$31.03 | \$31.03 | \$0.00 | \$0.00 |
| Family | \$45.78 | \$45.78 | \$0.00 | \$0.00 |
| VSP | | | | |
| Single | \$8.05 | \$8.05 | \$0.00 | \$0.00 |
| ■ Two Party | \$12.21 | \$12.21 | \$0.00 | \$0.00 |
| Family | \$22.31 | \$22.31 | \$0.00 | \$0.00 |

| | NAME OF THE OWNER OF THE OWNER OF THE OWNER. | FICERS ASSOCIAT | | Emple web D |
|--------------------------|--|--------------------------------|---------------------------------------|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution |
| CIGNA CHOICE FUND OPI | EN ACCESS PLUS HSA 3 | 000 PPO PLAN—EMPLOY | EES HIRED BEFORE J | UNE 29, 1996 |
| Single | \$1,164.45 | \$778.11 | \$386.34 | \$193.17 |
| ■ Two Party | \$2,451.83 | \$1,640.13 | \$811.70 | \$405.85 |
| ■ Family | \$3,506.29 | \$2,212.47 | \$1,293.82 | \$646.91 |
| CIGNA CHOICE FUND OPE | N ACCESS PLUS HSA 3 | 000 PPO PLAN—EMPLOY | EES HIRED ON OR AF | TER JUNE 29, 1996 |
| ■ ·Single | · \$1,164:45 | \$566.61 | \$597.84 | \$298.92 |
| Two Party | \$2,451.83 | \$1,136.71 | \$1,315.12 | \$657.56 |
| ■ Family | \$3,506.29 | \$1,540.55 | \$1,965.74 | \$982.87 |
| CIGNA FULL NETWORK | НМО | | | |
| Single | \$911.25 | \$715.57 | \$195.68 | \$97.84 |
| ■ Two Party | \$1,913.64 | \$1,503.52 | \$410.12 | \$205.06 |
| ■ Family | \$2,733.78 | \$2,103.30 | \$630.48 | \$315.24 |
| CIGNA SELECT NETWOR | к нмо | | | |
| ■ Single | \$737.51 | \$600.93 | \$136.58 | \$68.29 |
| ■ Two Party | \$1,548.79 | \$1,267.93 | \$280.86 | \$140.43 |
| ■ Family | \$2,212.53 | \$1,742.77 | \$469.76 | \$234.88 |
| KAISER HMO | | | | |
| Single | \$706.03 | \$563.65 | \$142.38 | \$71.18 |
| ■ Two Party | \$1,412.06 | \$1,125.28 | \$286.78 | \$143.39 |
| ■ Family | \$1,998.06 | \$1,523.56 | \$474.50 | \$237.25 |
| DELTA DENTAL PPO | | | | |
| ■ Single | \$52.72 | \$25.00 | \$27.72 | \$13.86 |
| ■ Two Party | \$105.44 | \$25.00 | \$80.44 | \$40.22 |
| ■ Family | \$131.80 | \$25.00 | \$106.80 | \$53.40 |
| DELTA DENTAL HMO | | | | |
| Single | \$15.52 | \$15.52 | \$0.00 | \$0.00 |
| ■ Two Party | \$31.03 | \$15.53 | \$15.50 | \$7.75 |
| ■ Family | \$45.78 | \$15.52 | \$30.26 | \$15.13 |
| /SP | | | | |
| ■ Single | \$8.05 | \$8.05 | \$0.00 | \$0.00 |
| ■ Two Party | \$12.21 | \$8.05 | \$4.16 | \$2.08 |
| ■ Family | \$22.31 | \$8.05 | \$14.26 | \$7.13 |

| | POI | LICE DISPATCH UN | VIT TIME | |
|-----------------------------|----------------------|--------------------------------|---------------------------------------|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution |
| CIGNA CHOICE FUND OP | EN ACCESS PLUS HSA 3 | 000 PPO PLAN—EMPLOY | EES HIRED BEFORE J | UNE 29, 1996 |
| Single | \$1,164.45 | \$778.11 | \$386.34 | \$193.17 |
| Two Party | \$2,451.83 | \$1,640.13 | \$811.70 | \$405.85 |
| Family | \$3,506.29 | \$2,212.47 | \$1,293.82 | \$646.91 |
| CIGNA CHOICE FUND OP | EN ACCESS PLUS HSA 3 | 000 PPO PLAN—EMPLOY | EES HIRED ON OR AF | TER JUNE 29, 1996 |
| • Single | \$1,164.45 | \$566.61 | \$597.84 | \$298.92 |
| Two Party | \$2,451.83 | \$1,136.71 | \$1,315.12 | \$657.56 |
| Family | \$3,506.29 | \$1,540.55 | \$1,965.74 | \$982.87 |
| CIGNA FULL NETWORK | НМО | | | |
| Single | \$911.25 | \$715.57 | \$195.68 | \$97.84 |
| ■ Two Party | \$1,913.64 | \$1,503.52 | \$410.12 | \$205.06 |
| ■ Family | \$2,733.78 | \$2,103.30 | \$630.48 | \$315.24 |
| CIGNA SELECT NETWO | RK HMO | | | |
| Single | \$737.51 | \$600.93 | \$136.58 | \$68.29 |
| Two Party | \$1,548.79 | \$1,267.93 | \$280.86 | \$140.43 |
| ■ Family | \$2,212.53 | \$1,742.77 | \$469.76 | \$234.88 |
| KAISER HMO | | | | |
| ■ Single | \$706.03 | \$563.65 | \$142.38 | \$71.19 |
| ■ Two Party | \$1,412.06 | \$1,125.28 | \$286.78 | \$143.39 |
| ■ Family | \$1,998.06 | \$1,523.56 | \$474.50 | \$237.25 |
| DELTA DENTAL PPO | | | | |
| ■ Single | \$52.72 | \$25.00 | \$27.72 | \$13.86 |
| ■ Two Party | \$105.44 | \$25.00 | \$80.44 | \$40.22 |
| ■ Family | \$131.80 | \$25.00 | \$106.80 | \$53.40 |
| DELTA DENTAL HMO | | | | The second secon |
| Single | \$15.52 | \$15.52 | \$0.00 | \$0.00 |
| ■ Two Party | \$31.03 | \$15.53 | \$15.50 | \$7.75 |
| ■ Family | \$45.78 | \$15.52 | \$30.26 | \$15.13 |
| /SP | | | | |
| Single | \$8.05 | \$7.31 | \$0.74 | \$0.37 |
| ■ Two Party | \$12.21 | \$7.31 | \$4.90 | \$2.45 |
| Family | \$22.31 | \$7.31 | \$15.00 | \$7.50 |

| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution |
|--------------------------|-----------------------|--------------------------------|---------------------------------------|--|
| CIGNA CHOICE FUND OF | PEN ACCESS PLUS HSA 3 | 000 PPO PLAN | | |
| ■ Single | \$1,168.95 | \$500.01 | \$668.94 | \$334.47 |
| ■ Two Party | \$2,456.33 | \$1,000.01 | \$1,456.32 | \$728.16 |
| ■ Family | \$3,510.79 | \$1,400.01 | \$2,110.78 | \$1,055.39 |
| CIGNA FULL NETWORK | CHMO | | | |
| Single | \$911.25 | \$500.01 | \$411.24 | \$205.62 |
| ■ Two Party | \$1,913.64 | \$1,000.00 | \$913.64 | \$456.82 |
| ■ Family | \$2,733.78 | \$1,400.00 | \$1,333.78 | \$666.89 |
| CIGNA SELECT NETWO | RK HMO | | | |
| ■ Single | \$737.51 | \$500.01 | \$237.50 | \$118.75 |
| ■ Two Party | \$1,548.79 | \$1,000.01 | \$548.78 | \$274.39 |
| ■ Family | \$2,212.53 | \$1,400.01 | \$812.52 | \$406.26 |
| KAISER HMO | | | | |
| ■ Single | \$706.03 | \$500.01 | \$206.02 | \$103.01 |
| ■ Two Party | \$1,412.06 | \$1,000.00 | \$412.06 | \$206.03 |
| ■ Family | \$1,998.06 | \$1,400.00 | \$598.06 | \$299.03 |
| DELTA DENTAL PPO | | | | |
| ■ Single | \$52.72 | \$45.78 | \$6.94 | \$3.47 |
| ■ Two Party | \$105.44 | \$45.78 | \$59.66 | \$29.83 |
| ■ Family | \$131.80 | \$45.78 | \$86.02 | \$43.01 |
| DELTA DENTAL HMO | | | | |
| ■ Single | \$15.52 | \$15.52 | \$0.00 | \$0.00 |
| ■ Two Party | \$31.03 | \$31.03 | \$0.00 | \$0.00 |
| ■ Family | \$45.78 | \$45.78 | \$0.00 | \$0.00 |
| /SP | | | | |
| ■ Single | \$8.05 | \$8.05 | \$0.00 | \$0.00 |
| ■ Two Party | \$12.21 | \$12.21 | \$0.00 | \$0.00 |
| ■ Family | \$22.31 | \$22.31 | \$0.00 | \$0.00 |

| | | EXECUTIVE UNIT | | |
|--------------------------|----------------------|--------------------------------|---------------------------------------|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution |
| CIGNA CHOICE FUND OPE | EN ACCESS PLUS HSA 3 | 000 PPO PLAN | | |
| ■ Single | \$1,168.95 | \$500.01 | \$668.94 | \$334.47 |
| ■ Two Party | \$2,456.33 | \$1,000.01 | \$1,456.32 | \$728.16 |
| ■ Family . | \$3,510.79 | \$1,350.01 | \$2,160.78 | \$1,080.39 |
| CIGNA FULL NETWORK | НМО | | | |
| Single | \$911.25 | \$500.01 | \$411.24 | \$205.62 |
| ■ Two Party | \$1,913.64 | \$1,000.00 | \$913.64 | \$456.82 |
| ■ Family | \$2,733.78 | \$1,350.00 | \$1,383.78 | \$691.89 |
| CIGNA SELECT NETWOR | RK HMO | | | |
| Single | \$737.51 | \$500.01 | \$237.50 | \$118.75 |
| ■ Two Party | \$1,548.79 | \$1,000.01 | \$548.78 | \$274.39 |
| ■ Family | \$2,212.53 | \$1,350.01 | \$862.52 | \$431.26 |
| KAISER HMO | | | | |
| ■ Single | \$706.03 | \$500.01 | \$206.02 | \$103.01 |
| ■ Two Party | \$1,412.06 | \$1,000.00 | \$412.06 | \$206.03 |
| ■ Family | \$1,998.06 | \$1,350.00 | \$648.06 | \$324.03 |
| DELTA DENTAL PPO | | | | |
| ■ Single | \$52.72 | \$45.78 | \$6.94 | \$3.47 |
| ■ Two Party | \$105.44 | \$45.78 | \$59.66 | \$29.83 |
| ■ Family | \$131.80 | \$45.78 | \$86.02 | \$43.01 |
| DELTA DENTAL HMO | | | | |
| ■ Single | \$15.52 | \$15.52 | \$0.00 | \$0.00 |
| ■ Two Party | \$31.03 | \$31.03 | \$0.00 | \$0.00 |
| ■ Family | \$45.78 | \$45.78 | \$0.00 | \$0.00 |
| /SP | | | | |
| Single | \$8.05 | \$8.05 | \$0.00 | \$0.00 |
| ■ Two Party | \$12.21 | \$12.21 | \$0.00 | \$0.00 |
| ■ Family | \$22.31 | \$22.31 | \$0.00 | \$0.00 |



2022 Health Insurance Rates Out of State Region

| FIREFIGHTER UNIT | | | | | | |
|--------------------------|--------------------|--------------------------------|---------------------------------------|--|--|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution | | |
| PORAC | | | | | | |
| Single | \$899.00 | \$705.10 | \$193.90 | \$96.95 | | |
| ■ Two Party | \$1,899.00 | \$1,409.30 | \$489.70 | \$244.85 | | |
| ■ Family | \$2,223.00 | \$1,714.90 | \$508.10 | \$254.05 | | |
| PERS PLATINUM | | | | | | |
| Single | \$847.71 | \$705.11 | \$142.60 | \$71.30 | | |
| ■ Two Party | \$1,695.42 | \$1,409.30 | \$286.12 | \$143.06 | | |
| Family | \$2,204.05 | \$1,714.91 | \$489.14 | \$244.57 | | |
| KAISER | | | | | | |
| Single | \$1,138.95 | \$705.11 | \$433.84 | \$216.92 | | |
| ■ Two Party | \$2,277.90 | \$1,409.30 | \$868.60 | \$434.30 | | |
| ■ Family | \$2,961.27 | \$1,714.91 | \$1,246.36 | \$623.18 | | |



Region 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

| | FIF | REFIGHTER UNIT | | |
|-----------------------------|--------------------|--------------------------------|---------------------------------------|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Par Period Contribution |
| ANTHEM HMO SELEC | T | | | |
| Single | \$712.43 | \$655.51 | \$56.92 | \$28.46 |
| Two Party | \$1,424.86 | \$1,269.70 | \$155.16 | \$77.58 |
| ■ Family | \$1,852.32 | \$1,629.70 | \$222.62 | \$111.31 |
| ANTHEM HMO TRAD | ITIONAL | | | |
| Single | \$1,007.13 | \$655.51 | \$351.62 | \$175.81 |
| Two Party | \$2,014.26 | \$1,269.70 | \$744.56 | \$372.28 |
| ■ Family | \$2,618.54 | \$1,629.70 | \$988.84 | \$494.42 |
| BLUE SHIELD ACCESS | + | | | |
| Single | \$900.22 | \$655.50 | \$244.72 | \$122.36 |
| ■ Two Party | \$1,800.44 | \$1,269.70 | \$530.74 | \$265.37 |
| ■ Family | \$2,340.57 | \$1,629.71 | \$710.86 | \$355.43 |
| BLUE SHIELD TRIO | | | | |
| Single | \$742.70 | \$655.50 | \$87.20 | \$43.60 |
| ■ Two Party | \$1,485.40 | \$1,269.70 | \$215.70 | \$107.85 |
| ■ Family | \$1,931.02 | \$1,629.70 | \$301.32 | \$150.66 |
| HEALTH NET SALUD Y | MAS | | | |
| Single | \$548.26 | \$548.26 | \$0.00 | \$0.00 |
| ■ Two Party | \$1,096.52 | \$1,096.52 | \$0.00 | \$0.00 |
| ■ Family | \$1,425.48 | \$1,425.48 | \$0.00 | \$0.00 |
| HEALTH NET SMARTC | ARE | | | |
| ■ Single | \$845.69 | \$655.51 | \$190.18 | \$95.09 |
| ■ Two Party | \$1,691.38 | \$1,269.70 | \$421.68 | \$210.84 |
| ■ Family | \$2,198.79 | \$1,629.71 | \$569.08 | \$284.54 |
| AISER PERMANENTE | | | | |
| Single | \$706.02 | \$655.50 | \$50.52 | \$25.26 |
| ■ Two Party | \$1,412.04 | \$1,269.70 | \$142.34 | \$71.17 |
| ■ Family | \$1,835.65 | \$1,629.71 | \$205.94 | \$102.97 |

FULL SON

2022 Health Insurance Rates

Region 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

| | FIR | EFIGHTER UNIT | | |
|-----------------------------|--|--------------------------------|---------------------------------------|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution |
| PERS GOLD | | | | |
| Single * | \$587.78 | \$587.78 | \$0.00 | \$0.00 |
| Two Party | \$1,175.56 | \$1,175.56 | \$0.00 | \$0.00 |
| ■ Family | \$1,528.23 | \$1,528.23 | \$0.00 | \$0.00 |
| PERS PLATINUM | | | | |
| Single | \$882.18 | \$655.50 | \$226.68 | \$113.34 |
| ■ Two Party | \$1,764.36 | \$1,269.70 | \$494.66 | \$247.33 |
| ■ Family | \$2,293.67 | \$1,629.71 | \$663.96 | \$331.98 |
| PORAC | | | | |
| Single | \$775.00 | \$655.50 | \$119.50 | \$59.75 |
| Two Party | \$1,550.00 | \$1,269.70 | \$280.30 | \$140.15 |
| ■ Family | \$2,010.00 | \$1,629.70 | \$380.30 | \$190.15 |
| SHARP | | | | |
| Single | \$699.21 | \$655.51 | \$43.70 | \$21.85 |
| ■ Two Party | \$1,398.42 | \$1,269.70 | \$128.72 | \$64.36 |
| ■ Family | \$1,817.95 | \$1,629.71 | \$188.24 | \$94.12 |
| UNITED HEALTHCARE | ALLIANCE | | | |
| Single | \$775.09 | \$655.51 | \$119.58 | \$59.79 |
| ■ Two Party | \$1,550.18 | \$1,269.70 | \$280.48 | \$140.24 |
| Family | \$2,015.23 | \$1,629.71 | \$385.52 | \$192.76 |
| JNITED HEALTHCARE | HARMONY | | | |
| Single | \$782.74 | \$655.50 | \$127.24 | \$63.62 |
| ■ Two Party | \$1,565.48 | \$1,269.70 | \$295.78 | \$147.89 |
| ■ Family | \$2,035.12 | \$1,629.70 | \$405.42 | \$202.71 |
| | And the second s | | | |



Region 3 Los Angeles, Riverside San Bernardino

| | FIR | EFIGHTER UNIT | | |
|-----------------------------|--------------------|--------------------------------|---------------------------------------|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution |
| ANTHEM HMO SELEC | Т | | | |
| Single | \$676.48 | \$655.50 | \$20.98 | \$10.49 |
| ■ Two Party | \$1,352.96 | \$1,239.70 | \$113.26 | \$56.63 |
| Family | \$1,758.85 | \$1,583.31 | \$175.54 | \$87.77 |
| ANTHEM HMO TRADI | TIONAL | | | |
| Single | \$935.57 | \$655.51 | \$280.06 | \$140.03 |
| Two Party | \$1,871.14 | \$1,239.70 | \$631.44 | \$315.72 |
| Family | \$2,432.48 | \$1,583.30 | \$849.18 | \$424.59 |
| BLUE SHIELD ACCESS - | + | | | |
| Single | \$779.87 | \$655.51 | \$124.36 | \$62.18 |
| ■ Two Party | \$1,559.74 | \$1,239.70 | \$320.04 | \$160.02 |
| ■ Family | \$2,027.66 | \$1,583.30 | \$444.36 | \$222.18 |
| BLUE SHIELD TRIO | | | | |
| Single | \$668.13 | \$655.51 | \$12.62 | \$6.31 |
| ■ Two Party | \$1,336.26 | \$1,239.70 | \$96.56 | \$48.28 |
| ■ Family | \$1,737.14 | \$1,583.30 | \$153.84 | \$76.92 |
| HEALTH NET SALUD Y | MAS | | | |
| Single | \$463.87 | \$463.87 | \$0.00 | \$0.00 |
| ■ Two Party | \$927.74 | \$927.74 | \$0.00 | \$0.00 |
| ■ Family | \$1,206.06 | \$1,206.06 | \$0.00 | \$0.00 |
| HEALTH NET SMARTCA | ARE | | | |
| ■ Single | \$764.96 | \$655.50 | \$109.46 | \$54.73 |
| ■ Two Party | \$1,529.92 | \$1,239.70 | \$290.22 | \$145.11 |
| ■ Family | \$1,988.90 | \$1,583.30 | \$405.60 | \$202.80 |



Region 3 Los Angeles, Riverside San Bernardino

| | FIR | EFIGHTER UNIT | | |
|--------------------------|--------------------|--------------------------------|---------------------------------------|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution |
| KAISER PERMANENTE | | | | |
| Single | \$719.78 | \$655.50 | \$64.28 | \$32.14 |
| ■ Two Party | \$1,439.56 | \$1,239.70 | \$199.86 | \$99.93 |
| ■ Family | \$1,871.43 | \$1,583.31 | \$288.12 | \$144.06 |
| PERS GOLD | | | | |
| Single | \$575.56 | \$575.56 | \$0.00 | \$0.00 |
| Two Party | \$1,151.12 | \$1,151.12 | \$0.00 | \$0.00 |
| ■ Family | \$1,496.46 | \$1,496.46 | \$0.00 | \$0.00 |
| PERS PLATINUM | | | | |
| Single | \$863.37 | \$655.51 | \$207.86 | \$103.93 |
| ■ Two Party | \$1,726.74 | \$1,239.70 | \$487.04 | \$243.52 |
| ■ Family | \$2,244.76 | \$1,583.30 | \$661.46 | \$330.73 |
| PORAC | | | | |
| ■ Single | \$775.00 | \$655.50 | \$119.50 | \$59.75 |
| ■ Two Party | \$1,475.00 | \$1,239.70 | \$235.30 | \$117.65 |
| ■ Family | \$1,894.00 | \$1,583.30 | \$310.70 | \$155.35 |
| UNITED HEALTHCARE | ALLIANCE | | | |
| ■ Single | \$771.85 | \$655.51 | \$116.34 | \$58.17 |
| ■ Two Party | \$1,543.70 | \$1,239.70 | \$304.00 | \$152.00 |
| ■ Family | \$2,006.81 | \$1,583.31 | \$423.50 | \$211.75 |
| UNITED HEALTHCARE | HARMONY | | | |
| ■ Single | \$714.28 | \$655.50 | \$58.78 | \$29.39 |
| ■ Two Party | \$1,428.56 | \$1,239.70 | \$188.86 | \$94.43 |
| ■ Family | \$1,857.13 | \$1,583.31 | \$273.82 | \$136.91 |



2022 Health Insurance Rates Out of State Region

| FIRE MANAGEMENT UNIT | | | | | |
|-----------------------------|--------------------|--------------------------------|---------------------------------------|--|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution | |
| PORAC | | | | | |
| Single | \$899.00 | \$705.10 | \$193.90 | \$96.95 | |
| ■ Two Party | \$1,899.00 | \$1,409.30 | \$489.70 | \$244.85 | |
| ■ Family | \$2,223.00 | \$1,714.90 | \$508.10 | \$254.05 | |
| PERS PLATINUM | | | | | |
| Single | \$847.71 | \$705.11 | \$142.60 | \$71.30 | |
| Two Party | \$1,695.42 | \$1,409.30 | \$286.12 | \$143.06 | |
| Family | \$2,204.05 | \$1,714.91 | \$489.14 | \$244.57 | |
| KAISER | | | | | |
| ■ Single | \$1,138.95 | \$705.11 | \$433.84 | \$216.92 | |
| ■ Two Party | \$2,277.90 | \$1,409.30 | \$868.60 | \$434.30 | |
| ■ Family | \$2,961.27 | \$1,714.91 | \$1,246.36 | \$623.18 | |



Region 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

| | FIRE N | IANAGEMENT U | TINU | |
|--------------------------|--------------------|--------------------------------|---------------------------------------|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution |
| ANTHEM HMO SELEC | Т | | | |
| Single | \$712.43 | \$655.51 | \$56.92 | \$28.46 |
| Two Party | \$1,424.86 | \$1,269.70 | \$155.16 | \$77.58 |
| ■ Family | \$1,852.32 | \$1,629.70 | \$222.62 | \$111.31 |
| ANTHEM HMO TRADI | TIONAL | | | |
| Single | \$1,007.13 | \$655.51 | \$351.62 | \$175.81 |
| Two Party | \$2,014.26 | \$1,269.70 | \$744.56 | \$372.28 |
| ■ Family | \$2,618.54 | \$1,629.70 | \$988.84 | \$494.42 |
| BLUE SHIELD ACCESS | + | | | |
| Single | \$900.22 | \$655.50 | \$244.72 | \$122.36 |
| ■ Two Party | \$1,800.44 | \$1,269.70 | \$530.74 | \$265.37 |
| ■ Family | \$2,340.57 | \$1,629.71 | \$710.86 | \$355.43 |
| BLUE SHIELD TRIO | | | | |
| ■ Single | \$742.70 | \$655.50 | \$87.20 | \$43.60 |
| ■ Two Party | \$1,485.40 | \$1,269.70 | \$215.70 | \$107.85 |
| ■ Family | \$1,931.02 | \$1,629.70 | \$301.32 | \$150.66 |
| HEALTH NET SALUD Y | MAS | | | |
| Single | \$548.26 | \$548.26 | \$0.00 | \$0.00 |
| ■ Two Party | \$1,096.52 | \$1,096.52 | \$0.00 | \$0.00 |
| ■ Family | \$1,425.48 | \$1,425.48 | \$0.00 | \$0.00 |
| HEALTH NET SMARTC | ARE | | | |
| ■ Single | \$845.69 | \$655.51 | \$190.18 | \$95.09 |
| ■ Two Party | \$1,691.38 | \$1,269.70 | \$421.68 | \$210.84 |
| ■ Family | \$2,198.79 | \$1,629.71 | \$569.08 | \$284.54 |
| AISER PERMANENTE | | | | |
| Single | \$706.02 | \$655.50 | \$50.52 | \$25.26 |
| ■ Two Party | \$1,412.04 | \$1,269.70 | \$142.34 | \$71.17 |
| ■ Family | \$1,835.65 | \$1,629.71 | \$205.94 | \$102.97 |

OF FULL RATION

2022 Health Insurance Rates

Region 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

| FIRE MANAGEMENT UNIT | | | | | |
|--------------------------|--------------------|--------------------------------|---------------------------------------|--|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution | |
| PERS GOLD | | | | | |
| Single | \$587.78 | \$587.78 | \$0.00 | \$0.00 | |
| ■ Two Party | \$1,175.56 | \$1,175.56 | \$0.00 | \$0.00 | |
| ■ Family | \$1,528.23 | \$1,528.23 | \$0.00 | \$0.00 | |
| PERS PLATINUM | | | | | |
| ■ Single | \$882.18 | \$655.50 | \$226.68 | \$113.34 | |
| ■ Two Party | \$1,764.36 | \$1,269.70 | \$494.66 | \$247.33 | |
| ■ Family | \$2,293.67 | \$1,629.71 | \$663.96 | \$331.98 | |
| PORAC | | | | | |
| Single | \$775.00 | \$655.50 | \$119.50 | \$59.75 | |
| Two Party | \$1,550.00 | \$1,269.70 | \$280.30 | \$140.15 | |
| ■ Family | \$2,010.00 | \$1,629.70 | \$380.30 | \$190.15 | |
| SHARP | | | | | |
| ■ Single | \$699.21 | \$655.51 | \$43.70 | \$21.85 | |
| ■ Two Party | \$1,398.42 | \$1,269.70 | \$128.72 | \$64.36 | |
| ■ Family | \$1,817.95 | \$1,629.71 | \$188.24 | \$94.12 | |
| UNITED HEALTHCARE | ALLIANCE | | | | |
| ■ Single | \$775.09 | \$655.51 | \$119.58 | \$59.79 | |
| ■ Two Party | \$1,550.18 | \$1,269.70 | \$280.48 | \$140.24 | |
| ■ Family | \$2,015.23 | \$1,629.71 | \$385.52 | \$192.76 | |
| JNITED HEALTHCARE | HARMONY | | | | |
| Single | \$782.74 | \$655.50 | \$127.24 | \$63.62 | |
| ■ Two Party | \$1,565.48 | \$1,269.70 | \$295.78 | \$147.89 | |
| ■ Family | \$2,035.12 | \$1,629.70 | \$405.42 | \$202.71 | |



Region 3 Los Angeles, Riverside San Bernardino

| FIRE MANAGEMENT UNIT | | | | | |
|--------------------------|--------------------|--------------------------------|---------------------------------------|--|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution | |
| ANTHEM HMO SELEC | Т | | | | |
| Single | \$676.48 | \$655.50 | \$20.98 | \$10.49 | |
| Two Party | \$1,352.96 | \$1,239.70 | \$113.26 | \$56.63 | |
| ■ Family | \$1,758.85 | \$1,583.31 | \$175.54 | \$87.77 | |
| ANTHEM HMO TRADI | TIONAL | | | | |
| Single | \$935.57 | \$655.51 | \$280.06 | \$140.03 | |
| ■ Two Party | \$1,871.14 | \$1,239.70 | \$631.44 | \$315.72 | |
| Family | \$2,432.48 | \$1,583.30 | \$849.18 | \$424.59 | |
| BLUE SHIELD ACCESS | + | | | | |
| ■ Single | \$779.87 | \$655.51 | \$124.36 | \$62.18 | |
| ■ Two Party | \$1,559.74 | \$1,239.70 | \$320.04 | \$160.02 | |
| ■ Family | \$2,027.66 | \$1,583.30 | \$444.36 | \$222.18 | |
| BLUE SHIELD TRIO | | | | | |
| Single | \$668.13 | \$655.51 | \$12.62 | \$6.31 | |
| Two Party | \$1,336.26 | \$1,239.70 | \$96.56 | \$48.28 | |
| Family | \$1,737.14 | \$1,583.30 | \$153.84 | \$76.92 | |
| HEALTH NET SALUD Y | MAS | | | | |
| ■ Single | \$463.87 | \$463.87 | \$0.00 | \$0.00 | |
| ■ Two Party | \$927.74 | \$927.74 | \$0.00 | \$0.00 | |
| ■ Family | \$1,206.06 | \$1,206.06 | \$0.00 | \$0.00 | |
| HEALTH NET SMARTC | ARE | | | | |
| ■ Single | \$764.96 | \$655.50 | \$109.46 | \$54.73 | |
| ■ Two Party | \$1,529.92 | \$1,239.70 | \$290.22 | \$145.11 | |
| ■ Family | \$1,988.90 | \$1,583.30 | \$405.60 | \$202.80 | |



Region 3 Los Angeles, Riverside San Bernardino

| FIRE MANAGEMENT UNIT | | | | | |
|--------------------------|--------------------|--------------------------------|---------------------------------------|--|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution | |
| KAISER PERMANENTE | | | | | |
| Single | \$719.78 | \$655.50 | \$64.28 | \$32.14 | |
| ■ Two Party | \$1,439.56 | \$1,239.70 | \$199.86 | \$99.93 | |
| ■ Family | \$1,871.43 | \$1,583.31 | \$288.12 | \$144.06 | |
| PERS GOLD | | | | | |
| ■ Single | \$575.56 | \$575.56 | \$0.00 | \$0.00 | |
| ■ Two Party | \$1,151.12 | \$1,151.12 | \$0.00 | \$0.00 | |
| ■ Family | \$1,496.46 | \$1,496.46 | \$0.00 | \$0.00 | |
| PERS PLATINUM | | | | | |
| ■ Single | \$863.37 | \$655.51 | \$207.86 | \$103.93 | |
| ■ Two Party | \$1,726.74 | \$1,239.70 | \$487.04 | \$243.52 | |
| ■ Family | \$2,244.76 | \$1,583.30 | \$661.46 | \$330.73 | |
| PORAC | | | | | |
| Single | \$775.00 | \$655.50 | \$119.50 | \$59.75 | |
| ■ Two Party | \$1,475.00 | \$1,239.70 | \$235.30 | \$117.65 | |
| ■ Family | \$1,894.00 | \$1,583.30 | \$310.70 | \$155.35 | |
| UNITED HEALTHCARE | ALLIANCE | | | | |
| ■ Single | \$771.85 | \$655.51 | \$116.34 | \$58.17 | |
| ■ Two Party | \$1,543.70 | \$1,239.70 | \$304.00 | \$152.00 | |
| ■ Family | \$2,006.81 | \$1,583.31 | \$423.50 | \$211.75 | |
| JNITED HEALTHCARE | HARMONY | | | | |
| ■ Single | \$714.28 | \$655.50 | \$58.78 | \$29.39 | |
| ■ Two Party | \$1,428.56 | \$1,239.70 | \$188.86 | \$94.43 | |
| ■ Family | \$1,857.13 | \$1,583.31 | \$273.82 | \$136.91 | |



2022 Health Insurance Rates Eligible Non-Regular Employees

| | Cigna Minimum Value Plan HMO | | | |
|---------------|------------------------------|--------------------------------|---------------------------------------|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution |
| Cigna MVP HMO | | | | |
| Single | \$745.25 | \$642.25 | \$103.00 | \$51.50 |
| ■ Two Party | \$1,565.03 | \$642.25 | \$922.78 | \$461.30 |
| Family | \$2,235.77 | \$642.25 | \$1,592.52 | \$797.76 |

| CITY COUNCIL UNIT | | | | | |
|--------------------------|-----------------------|--------------------------------|---------------------------------------|--|--|
| | Monthly Premium | City's Monthly Contribution | Employee's Monthly Contribution | Employee's Pay Period Contribution | |
| CIGNA CHOICE FUND OP | PEN ACCESS PLUS HSA 3 | 000 PPO PLAN | | | |
| Single | \$1,168.95 | \$450.01 | \$718.94 | \$359.47 | |
| ■ Two Party | \$2,456.33 | \$925.01 | \$1,531.32 | \$765.66 | |
| ■ Family · | \$3,510.79 | \$1,300.01 | \$2,210.78 | \$1,105.39 | |
| CIGNA FULL NETWORK | (HMO | | | | |
| Single | \$911.25 | \$450.01 | \$461.24 | \$230.62 | |
| ■ Two Party | \$1,913.64 | \$925.00 | \$988.64 | \$494.32 | |
| ■ Family | \$2,733.78 | \$1,300.00 | \$1,433.78 | \$716.89 | |
| CIGNA SELECT NETWO | RK HMO | | | | |
| ■ Single | \$737.51 | \$450.01 | \$287.50 | \$143.75 | |
| ■ Two Party | \$1,548.79 | \$925.01 | \$623.78 | \$311.89 | |
| ■ Family | \$2,212.53 | \$1,300.01 | \$912.52 | \$456.26 | |
| KAISER HMO | | | | | |
| ■ Single | \$706.03 | \$450.01 | \$256.02 | \$128.01 | |
| ■ Two Party | \$1,412.06 | \$925.00 | \$487.06 | \$243.53 | |
| ■ Family | \$1,998.06 | \$1,300.00 | \$698.06 | \$349.03 | |
| DELTA DENTAL PPO | | | | | |
| ■ Single | \$52.72 | \$45.78 | \$6.94 | \$3.47 | |
| ■ Two Party | \$105.44 | \$45.78 | \$59.66 | \$29.83 | |
| ■ Family | \$131.80 | \$45.78 | \$86.02 | \$43.01 | |
| DELTA DENTAL HMO | | | | | |
| Single | \$15.52 | \$15.52 | \$0.00 | \$0.00 | |
| ■ Two Party | \$31.03 | \$31.03 | \$0.00 | \$0.00 | |
| ■ Family | \$45.78 | \$45.78 | \$0.00 | \$0.00 | |
| VSP | | | | | |
| ■ Single | \$8.05 | \$8.05 | \$0.00 | \$0.00 | |
| ■ Two Party | \$12.21 | \$12.21 | \$0.00 | \$0.00 | |
| ■ Family | \$22.31 | \$22.31 | \$0.00 | \$0.00 | |