Rates by Bargaining Unit

Please see the per *month* rate information that applies to you on the following tables. Rates are broken down by plan type and tier.

Modified Medical Plan: All Bargaining Groups

Tier	*Medical + Admin	Dental	Vision	Total Per Month	**Employer Contribution	Employee Contribution
Employee Only	$780.57	$50.10	$6.25	$836.92	$619.00	$217.92
Employee + 1	$1,405.28	$100.18	$12.50	$1,517.96	$1,124.00	$393.96
Employee + Family	$1,875.56	$130.24	$16.26	$2,022.06	$1,496.00	$526.06

Required Forms:
- Health Insurance Enrollment/Change Form

New Kaiser HMO Plan (No Yearly Deductible): All Bargaining Groups

Tier	*Medical + Admin	Dental	Vision	Total Per Month	**Employer Contribution	Employee Contribution
Employee Only	$739.31	$50.10	$6.25	$795.66	$619.00	$176.66
Employee + 1	$1,330.75	$100.18	$12.50	$1,443.43	$1,124.00	$319.43
Employee + Family	$1,774.31	$130.24	$16.26	$1,920.81	$1,496.00	$424.81

Required Forms:
- Health Insurance Enrollment/Change Form
- Kaiser Enrollment Form

New Sutter Health Plus: All Bargaining Groups

Tier	*Medical +Admin	Dental	Vision	Total Per Month	**Employer Contribution	Employee Contribution
Employee Only	$685.18	$50.10	$6.25	$741.53	$619.00	$122.53
Employee + 1	$1,234.07	$100.18	$12.50	$1,346.75	$1,124.00	$222.75
Employee + Family	$1,646.16	$130.24	$16.26	$1,792.66	$1,496.00	$296.66

Required Forms:
- Health Insurance Enrollment/Change Form
- Sutter Enrollment Form

High Deductible Kaiser Medical Plan : All Bargaining Groups

*Delta Health Systems offers administrative services for Kaiser and Sutter (e.g. eligibility transfers, dental/vision, and COBRA services).

Tier	*Medical +Admin	Dental	Vision	Total Per Month	**Employer Contribution	Employee Contribution
Employee Only	$631.45	$50.10	$6.25	$687.80	$619.00	$68.80
Employee + 1	$1,136.60	$100.18	$12.50	$1,249.28	$1,124.00	$125.28
Employee + Family	$1,515.46	$130.24	$16.26	$1,661.96	$1,496.00	$165.96

Required Forms:
- Health Insurance Enrollment/Change Form
- Kaiser Enrollment Form

**Employer contributions are provided in current labor agreements/compensation plans. Any changes in contribution rates for FY 2016/17 will be implemented according to successor agreements.

Operating Engineers' Local 3 (OE3) Health Plan Options

Employees in the Trades & Maintenance, Operations & Maintenance, and Water Supervisory units have additional health plan options available to them through the Operating Engineers' Public and Miscellaneous Employees' Health and Welfare Trust Fund.

OE3 plan rates are subject to change as dictated by their Board of Trustees and are on a calendar year basis. Employees will be required to pay any portion of the health care premiums that exceed the employer's health care contribution. Any questions must be directed to Operating Engineers' at (800) 251-5014. Please see the OE3 health plan option rates on the following tables:

		INDEMNITY A			INDEMNITY B		
Unit	**Tier**	**Total Per Month**	****Employer Contribution**	**Employee Contribution**	**Total Per Month**	****Employer Contribution**	**Employee Contribution**
TRADES & MAINTENANCE *Medical, Prescription, Dental, Vision, and Burial (includes City administration fee)*	**EE Only**	$814	$619	$222.44	$796	$619	$204.44
	EE + 1	$1,628	$1,124	$531.44	$1,593	$1,124	$496.44
	EE + Family	$2,198	$1,496	$729.44	$2,150	$1,496	$681.44
OPERATIONS & MAINTENANCE/ MUD SUPERVISORY *Medical, Prescription, Dental w/ Dependent Ortho, Vision, and Burial (includes City administration fee)*	**EE Only**	$824	$619	$232.44	$806	$619	$214.44
	EE + 1	$1,638	$1,124	$541.44	$1,603	$1,124	$506.44
	EE + Family	$2,208	$1,496	$739.44	$2,160	$1,496	$691.44

Required Forms:

- City of Stockton's OE3 Enrollment/Change Form
- OE3 Enrollment Form

		INDEMNITY C			INDEMNITY D		
Unit	**Tier**	**Total Per Month**	****Employer Contribution**	**Employee Contribution**	**Total Per Month**	****Employer Contribution**	**Employee Contribution**
TRADES & MAINTENANCE *Medical, Prescription, Dental, Vision, and Burial (includes City administration fee)*	**EE Only**	$694	$619	$102.44	$675	$619	$83.44
	EE + 1	$1,388	$1,124	$291.44	$1,351	$1,124	$254.44
	EE + Family	$1,874	$1,496	$405.44	$1,823	$1,496	$354.44
OPERATIONS & MAINTENANCE/ MUD SUPERVISORY *Medical, Prescription, Dental w/ Dependent Ortho, Vision, and Burial (includes City administration fee)*	**EE Only**	$704	$619	$112.44	$685	$619	$93.44
	EE + 1	$1,398	$1,124	$301.44	$1,361	$1,124	$264.44
	EE + Family	$1,884	$1,496	$415.44	$1,833	$1,496	$364.44

Required Forms:

- City of Stockton's OE3 Enrollment/Change Form
- OE3 Enrollment Form

Operating Engineers' Local 3 (OE3) Health Plan Options (continued)

		KAISER PLAN A			KAISER PLAN B		
Unit	**Tier**	**Total Per Month**	****Employer Contribution**	**Employee Contribution**	**Total Per Month**	****Employer Contribution**	**Employee Contribution**
TRADES & MAINTENANCE *Medical, Prescription, Dental, Vision, and Burial (includes City administration fee)*	**EE Only**	$879	$619	$287.44	$821	$619	$229.44
	EE + 1	$1,758	$1,124	$661.44	$1,642	$1,124	$545.44
	EE + Family	$2,293	$1,496	$824.44	$2,143	$1,496	$674.44
OPERATIONS & MAINTENANCE/ MUD SUPERVISORY *Medical, Prescription, Dental w/ Dependent Ortho, Vision, and Burial (includes City administration fee)*	**EE Only**	$889	$619	$297.44	$831	$619	$239.44
	EE + 1	$1,768	$1,124	$671.44	$1,652	$1,124	$555.44
	EE + Family	$2,303	$1,496	$834.44	$2,153	$1,496	$684.44

Required Forms:

- Health Insurance Enrollment/Change Form
- Kaiser Enrollment Form
- OE3 Enrollment Form

**Employer contributions are provided in current labor agreements/compensation plans. Any changes in contribution rates for FY 2016/17 will be implemented according to successor agreements.

For access to plan summaries and additional information for all benefits, access the external website at: www.stocktongov.com › Human Resources › Open Enrollment – Full Time.