

Annual Benefit Information 2018-2019

MEDICAL PLAN OPTIONS *

KAISER PERMANENTE				
	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO (CORE NETWORK)	\$ 973.02	\$ 1,786.42	\$ 1,303.56	\$ 2,141.35

1. Choose a PLAN design (below) 2. Choose a CARRIER – make sure your provider is covered 3. Choose a Network (PPO or HP) – make sure your provider is in-network		AETNA		UNITED HEALTHCARE	
		PPO	High Performance	PPO	High Performance
PLAN 5	Employee Only	\$1,135.56	\$1,090.47	\$1,178.58	\$1,056.80
	Employee + Spouse	\$2,192.79	\$2,105.42	\$2,276.17	\$2,040.16
	Employee + Children	\$1,550.34	\$1,488.66	\$1,609.19	\$1,442.60
	Employee + Family	\$2,634.62	\$2,529.58	\$2,734.86	\$2,451.12
PLAN 2	Employee Only	\$972.38	\$933.82	\$1,014.95	\$909.72
	Employee + Spouse	\$1,788.84	\$1,717.63	\$1,867.46	\$1,673.10
	Employee + Children	\$1,306.87	\$1,254.93	\$1,364.20	\$1,222.46
	Employee + Family	\$2,143.57	\$2,058.17	\$2,237.85	\$2,004.77
PLAN 3	Employee Only	\$890.22	\$854.95	\$925.56	\$835.82
	Employee + Spouse	\$1,638.86	\$1,573.64	\$1,704.20	\$1,538.27
	Employee + Children	\$1,196.20	\$1,148.69	\$1,243.80	\$1,122.93
	Employee + Family	\$1,961.59	\$1,883.46	\$2,039.87	\$1,841.10
EZ CHOICE A	Employee Only	\$670.86	\$644.37	\$680.35	\$610.24
	Employee + Spouse	\$1,227.30	\$1,178.55	\$1,244.75	\$1,115.75
	Employee + Children	\$898.74	\$863.13	\$911.49	\$817.26
	Employee + Family	\$1,467.10	\$1,408.75	\$1,487.99	\$1,333.60
QHDHP	Employee Only	\$511.69	\$491.56	\$528.54	\$477.35
	Employee + Spouse	\$941.98	\$904.64	\$973.23	\$878.26
	Employee + Children	\$684.81	\$657.76	\$707.46	\$638.65
	Employee + Family	\$1,119.63	\$1,075.18	\$1,156.82	\$1,043.79
EZ CHOICE B	Employee Only	\$699.59	\$671.94	\$712.39	\$638.85
	Employee + Spouse	\$1,283.60	\$1,232.60	\$1,307.23	\$1,171.55
	Employee + Children	\$937.34	\$900.18	\$954.55	\$855.71
	Employee + Family	\$1,533.80	\$1,472.78	\$1,562.06	\$1,399.76
BASIC PLAN	Employee Only	\$554.72	\$532.87	\$575.01	\$518.25
	Employee + Spouse	\$1,025.07	\$984.40	\$1,062.82	\$957.20
	Employee + Children	\$742.09	\$712.75	\$769.34	\$693.12
	Employee + Family	\$1,218.45	\$1,170.05	\$1,263.38	\$1,137.68

* Selecting a medical will result in at least a minimum payroll deduction of 2% (AEA) or 2.5% (PSE). Depending on the plan and who will be covered, the payroll deduction could be more.