

# City of Fullerton 2023

## Health Insurance Retiree Rates

|  | CONFIDENTIAL UNIT |                                                   |                                              |                                                     |                                                |
|-----------------------------------------------------------------------------------|-------------------|---------------------------------------------------|----------------------------------------------|-----------------------------------------------------|------------------------------------------------|
|                                                                                   | Monthly Premium   | City Monthly Contribution<br>20+ Years of Service | Retiree Monthly Cost<br>20+ Years of Service | City Monthly Contribution<br>10-20 Years of Service | Retiree Monthly Cost<br>10-20 Years of Service |
| CIGNA CHOICE FUND OPEN ACCESS PLUS HSA 3000 PPO PLAN                              |                   |                                                   |                                              |                                                     |                                                |
| ▪ Single                                                                          | \$1,220.94        | \$500.00                                          | \$720.94                                     | \$250.00                                            | \$970.94                                       |
| ▪ Two Party                                                                       | \$2,570.78        | \$500.00                                          | \$2,070.78                                   | \$250.00                                            | \$2,320.78                                     |
| ▪ Family                                                                          | \$3,676.40        | \$500.00                                          | \$3,176.40                                   | \$250.00                                            | \$3,426.40                                     |
| CIGNA FULL NETWORK HMO                                                            |                   |                                                   |                                              |                                                     |                                                |
| ▪ Single                                                                          | \$955.46          | \$500.00                                          | \$455.46                                     | \$250.00                                            | \$705.46                                       |
| ▪ Two Party                                                                       | \$2,006.49        | \$500.00                                          | \$1,506.49                                   | \$250.00                                            | \$1,756.49                                     |
| ▪ Family                                                                          | \$2,866.42        | \$500.00                                          | \$2,366.42                                   | \$250.00                                            | \$2,616.42                                     |
| CIGNA SELECT NETWORK HMO                                                          |                   |                                                   |                                              |                                                     |                                                |
| ▪ Single                                                                          | \$773.29          | \$500.00                                          | \$273.29                                     | \$250.00                                            | \$523.29                                       |
| ▪ Two Party                                                                       | \$1,623.93        | \$500.00                                          | \$1,123.93                                   | \$250.00                                            | \$1,373.93                                     |
| ▪ Family                                                                          | \$2,319.87        | \$500.00                                          | \$1,819.87                                   | \$250.00                                            | \$2,069.87                                     |
| KAISER HMO                                                                        |                   |                                                   |                                              |                                                     |                                                |
| ▪ Single                                                                          | \$745.84          | \$500.00                                          | \$245.84                                     | \$250.00                                            | \$495.84                                       |
| ▪ Two Party                                                                       | \$1,491.69        | \$500.00                                          | \$991.69                                     | \$250.00                                            | \$1,241.69                                     |
| ▪ Family                                                                          | \$2,110.74        | \$500.00                                          | \$1,610.74                                   | \$250.00                                            | \$1,860.74                                     |
| DELTA DENTAL PPO                                                                  |                   |                                                   |                                              |                                                     |                                                |
| ▪ Single                                                                          | \$51.14           | \$0.00                                            | \$51.14                                      | \$0.00                                              | \$51.14                                        |
| ▪ Two Party                                                                       | \$102.28          | \$0.00                                            | \$102.28                                     | \$0.00                                              | \$102.28                                       |
| ▪ Family                                                                          | \$127.85          | \$0.00                                            | \$127.85                                     | \$0.00                                              | \$127.85                                       |
| DELTA DENTAL HMO                                                                  |                   |                                                   |                                              |                                                     |                                                |
| ▪ Single                                                                          | \$15.52           | \$0.00                                            | \$15.52                                      | \$0.00                                              | \$15.52                                        |
| ▪ Two Party                                                                       | \$31.03           | \$0.00                                            | \$31.03                                      | \$0.00                                              | \$31.03                                        |
| ▪ Family                                                                          | \$45.78           | \$0.00                                            | \$45.78                                      | \$0.00                                              | \$45.78                                        |
| VSP (ONLY AVAILABLE FOR 18 MONTHS AFTER RETIREMENT)                               |                   |                                                   |                                              |                                                     |                                                |
| ▪ Single                                                                          | \$7.99            | \$0.00                                            | \$7.99                                       | \$0.00                                              | \$7.99                                         |
| ▪ Two Party                                                                       | \$12.12           | \$0.00                                            | \$12.12                                      | \$0.00                                              | \$12.12                                        |
| ▪ Family                                                                          | \$22.15           | \$0.00                                            | \$22.15                                      | \$0.00                                              | \$22.15                                        |