UNREPRESENTED AND APPOINTED EMPLOYEES

2016 Monthly Medical, Dental and Vision Premiums [5]

City Maximum Contributions and Employee Out-of-Pocket Costs

	Employee Only				EMPLOYEE + 1				FAMILY			
	Monthly Premium	City Paid Monthly [1]	EE Paid Monthly	EE Paid Per Pay Period [2]	Monthly Premium	City Paid Monthly [1]	EE Paid Monthly	EE Paid Per Pay Period [2]	Monthly Premium	City Paid Monthly [1]	EE Paid Monthly	EE Paid Per Pay Period [2]
	HMO Plans				HMO Plans				HMO Plans			
Anthem Select	$ 721.79	$ 577.43	$ 144.36	$ 72.18	$ 1,443.58	$ 1,154.86	$ 288.72	$ 144.36	$ 1,876.65	$ 1,501.32	$ 375.33	$ 187.67
Anthem Traditional	$ 855.42	$ 684.34	$ 171.08	$ 85.54	$ 1,710.84	$ 1,368.67	$ 342.17	$ 171.08	$ 2,224.09	$ 1,779.27	$ 444.82	$ 222.41
Blue Shield Access+	$ 1,016.18	$ 812.94	$ 203.24	$ 101.62	$ 2,032.36	$ 1,625.89	$ 406.47	$ 203.24	$ 2,642.07	$ 2,113.66	$ 528.41	$ 264.21
Blue Shield NetValue [3]	$ 1,033.86	$ 812.94	$ 220.92	$ 110.46	$ 2,067.72	$ 1,625.89	$ 441.83	$ 220.92	$ 2,688.04	$ 2,113.66	$ 574.38	$ 287.19
HealthNet SmartCare	$ 808.44	$ 646.75	$ 161.69	$ 80.84	$ 1,616.88	$ 1,293.50	$ 323.38	$ 161.69	$ 2,101.94	$ 1,681.55	$ 420.39	$ 210.19
Kaiser Permanente	$ 746.47	$ 597.18	$ 149.29	$ 74.65	$ 1,492.94	$ 1,194.35	$ 298.59	$ 149.29	$ 1,940.82	$ 1,552.66	$ 388.16	$ 194.08
UnitedHealthcare	$ 955.44	$ 764.35	$ 191.09	$ 95.54	$ 1,910.88	$ 1,528.70	$ 382.18	$ 191.09	$ 2,484.14	$ 1,987.31	$ 496.83	$ 248.41
	PPO Plans				PPO Plans				PPO Plans			
PERS Choice	$ 798.36	$ 638.69	$ 159.67	$ 79.84	$ 1,596.72	$ 1,277.38	$ 319.34	$ 159.67	$ 2,075.74	$ 1,660.59	$ 415.15	$ 207.57
PERS Select	$ 730.07	$ 584.06	$ 146.01	$ 73.01	$ 1,460.14	$ 1,168.11	$ 292.03	$ 146.01	$ 1,898.18	$ 1,518.54	$ 379.64	$ 189.82
PERSCare	$ 889.27	$ 711.42	$ 177.85	$ 88.93	$ 1,778.54	$ 1,422.83	$ 355.71	$ 177.85	$ 2,312.10	$ 1,849.68	$ 462.42	$ 231.21
PORAC [4]	$ 699.00	$ 559.20	$ 139.80	$ 69.90	$ 1,399.00	$ 1,119.20	$ 279.80	$ 139.90	$ 1,789.00	$ 1,431.20	$ 357.80	$ 178.90

Delta Dental PPO (Group 0004)				
Enrollment Level	Monthly Premium	City Paid Monthly (80%)	EE Paid Monthly (20%)	EE Paid Per Pay Period [2]
EE Only	$71.19	$56.95	$14.24	$7.12
EE + 1	$121.02	$96.82	$24.20	$12.10
Family	$185.10	$148.08	$37.02	$18.51

VSP				
Enrollment Level	Monthly Premium	City Paid Monthly (50%)	EE Paid Monthly (50%)	EE Paid Per Pay Period [2]
EE Only	$9.20	$4.60	$4.60	$2.30
EE + 1	$18.00	$9.00	$9.00	$4.50
Family	$28.70	$14.35	$14.35	$7.18

United Concordia Dental HMO				
Enrollment Level	Monthly Premium	City Paid Monthly (80%)	EE Paid Monthly (20%)	EE Per Pay Period Cost [2]
EE Only	$27.47	$21.98	$5.49	$2.75
EE + 1 or More	$69.11	$55.29	$13.82	$6.91

[1] City will contribute 80% of plan premiums at the individually enrolled level (i.e. Employee Only, Employee +1, Family) up to the 2nd highest cost plan.

[2] Premiums deducted for first 2 pay periods of the month for a total of 24 deductions.

[3] Not currently available in Alameda County.

[4] Must be a dues paying member of HPOA or IAFF to enroll in plan.

[5] Rates provided are for Bay Area only. Please contact HR for rates in other coverage areas.

EE = Employee

Updated 8/13/2015