City of Huntington Beach
2016 Health Premiums and Contributions
Effective Payperiod 7/16/2016
HBFA

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
PERS Anthem HMO Select	Single	543.47	500.00	43.47	20.06
	Two-Party	1,086.94	815.00	271.94	125.51
	Family	1,413.02	1,325.00	88.02	40.62
PERS Anthem HMO Traditional	Single	610.64	500.00	110.64	51.06
	Two-Party	1,221.28	815.00	406.28	187.51
	Family	1,587.66	1,325.00	262.66	121.23
PERS Blue Shield Access+	Single	566.53	500.00	66.53	30.71
	Two-Party	1,133.06	815.00	318.06	146.80
	Family	1,472.98	1,325.00	147.98	68.30
PERS Blue Shield NetValue	Single	576.46	500.00	76.46	35.29
	Two-Party	1,152.92	815.00	337.92	155.96
	Family	1,498.80	1,325.00	173.80	80.22
PERS Health Net Salud y Mas	Single	466.11	466.11	0.00	0.00
	Two-Party	932.22	815.00	117.22	54.10
	Family	1,211.89	1,211.89	0.00	0.00
PERS Health Net SmartCare	Single	585.39	500.00	85.39	39.41
	Two-Party	1,170.78	815.00	355.78	164.21
	Family	1,522.01	1,325.00	197.01	90.93
PERS Kaiser	Single	543.83	500.00	43.83	20.23
	Two-Party	1,087.66	815.00	272.66	125.84
	Family	1,413.96	1,325.00	88.96	41.06
PERS UnitedHealthcare	Single	492.24	492.24	0.00	0.00
	Two-Party	984.48	815.00	169.48	78.22
	Family	1,279.82	1,279.82	0.00	0.00
PERS Choice	Single	598.75	500.00	98.75	45.58
	Two-Party	1,197.50	815.00	382.50	176.54
	Family	1,556.75	1,325.00	231.75	106.96
PERS Select	Single	547.55	500.00	47.55	21.95
	Two-Party	1,095.10	815.00	280.10	129.28
	Family	1,423.63	1,325.00	98.63	45.52
PERS Care	Single	666.91	500.00	166.91	77.04
	Two-Party	1,333.82	815.00	518.82	239.46
	Family	1,733.97	1,325.00	408.97	188.76
PORAC	Single	699.00	500.00	199.00	91.85
	Two-Party	1,399.00	815.00	584.00	269.54
	Family	1,789.00	1,325.00	464.00	214.15
Delta Dental PPO	Single	58.10	42.88	15.22	7.02
	Two-Party	108.60	81.82	26.78	12.36
	Family	143.20	116.36	26.84	12.39
Delta Care HMO	Single	30.11	23.00	7.11	3.28
	Two-Party	51.19	39.11	12.08	5.58
	Family	78.29	59.81	18.48	8.53
VSP Vision	Single	25.12	17.58	7.54	3.48
	Two-Party	25.12	17.58	7.54	3.48
	Family	25.12	17.58	7.54	3.48

Medical Opt Out Benefit: $500.00 per month ($230.77 bi-weekly)
CalPERS PEMHCA 2016 employer contribution = $125.00 per month, $57.69 bi-weekly
Employee and City contributions subject to change as a result of contract negotiations