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	634.75	500.00	134.75	62.19
	Two-Party	1,269.50	815.00	454.50	209.77
	Family	1,650.35	1,325.00	325.35	150.16
PERS Anthem HMO Traditional	Single	710.79	500.00	210.79	97.29
	Two-Party	1,421.58	815.00	606.58	279.96
	Family	1,848.05	1,325.00	523.05	241.41
PERS Blue Shield Access+	Single	654.87	500.00	154.87	71.48
	Two-Party	1,309.74	815.00	494.74	228.34
	Family	1,702.66	1,325.00	377.66	174.30
PERS Blue Shield NetValue	Single	666.35	500.00	166.35	76.78
	Two-Party	1,332.70	815.00	517.70	238.94
	Family	1,732.51	1,325.00	407.51	188.08
PERS Health Net Salud y Mas	Single	535.98	500.00	35.98	16.61
	Two-Party	1,071.96	815.00	256.96	118.60
	Family	1,393.55	1,325.00	68.55	31.64
PERS Health Net SmartCare	Single	596.98	500.00	96.98	44.76
	Two-Party	1,193.96	815.00	378.96	174.90
	Family	1,552.15	1,325.00	227.15	104.84
PERS Kaiser	Single	605.05	500.00	105.05	48.48
	Two-Party	1,210.10	815.00	395.10	182.35
	Family	1,573.13	1,325.00	248.13	114.52
PERS UnitedHealthcare	Single	493.99	493.99	0.00	0.00
	Two-Party	987.98	815.00	172.98	79.84
	Family	1,284.37	1,284.37	0.00	0.00
PERS Choice	Single	683.71	500.00	183.71	84.79
	Two-Party	1,367.42	815.00	552.42	254.96
	Family	1,777.65	1,325.00	452.65	208.92
PERS Select	Single	625.20	500.00	125.20	57.78
	Two-Party	1,250.40	815.00	435.40	200.95
	Family	1,625.52	1,325.00	300.52	138.70
PERS Care	Single	761.50	500.00	261.50	120.69
	Two-Party	1,523.00	815.00	708.00	326.77
	Family	1,979.90	1,325.00	654.90	302.26
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