

City of Huntington Beach
 2016 Health Premiums and Contributions
 Effective Payperiod 4/9/2016
PMA

(Employees who enrolled in Medical and Vision plans)

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
PERS Anthem HMO Select	Single	634.75	634.00	0.75	0.35
	Two-Party	1,269.50	1,186.00	83.50	38.54
	Family	1,650.35	1,507.00	143.35	66.16
PERS Anthem HMO Traditional	Single	710.79	634.00	76.79	35.44
	Two-Party	1,421.58	1,186.00	235.58	108.73
	Family	1,848.05	1,507.00	341.05	157.41
PERS Blue Shield Access+	Single	654.87	634.00	20.87	9.63
	Two-Party	1,309.74	1,186.00	123.74	57.11
	Family	1,702.66	1,507.00	195.66	90.30
PERS Blue Shield NetValue	Single	666.35	634.00	32.35	14.93
	Two-Party	1,332.70	1,186.00	146.70	67.71
	Family	1,732.51	1,507.00	225.51	104.08
PERS Health Net Salud y Mas	Single	535.98	535.98	0.00	0.00
	Two-Party	1,071.96	1,071.96	0.00	0.00
	Family	1,393.55	1,393.55	0.00	0.00
PERS Health Net SmartCare	Single	596.98	596.98	0.00	0.00
	Two-Party	1,193.96	1,186.00	7.96	3.67
	Family	1,552.15	1,507.00	45.15	20.84
PERS Kaiser	Single	605.05	605.05	0.00	0.00
	Two-Party	1,210.10	1,186.00	24.10	11.12
	Family	1,573.13	1,507.00	66.13	30.52
PERS UnitedHealthcare	Single	493.99	493.99	0.00	0.00
	Two-Party	987.98	987.98	0.00	0.00
	Family	1,284.37	1,284.37	0.00	0.00
PERS Choice	Single	683.71	634.00	49.71	22.94
	Two-Party	1,367.42	1,186.00	181.42	83.73
	Family	1,777.65	1,507.00	270.65	124.92
PERS Select	Single	625.20	625.20	0.00	0.00
	Two-Party	1,250.40	1,186.00	64.40	29.72
	Family	1,625.52	1,507.00	118.52	54.70
PERS Care	Single	761.50	634.00	127.50	58.85
	Two-Party	1,523.00	1,186.00	337.00	155.54
	Family	1,979.90	1,507.00	472.90	218.26
PORAC	Single	699.00	699.00	0.00	0.00
	Two-Party	1,399.00	1,399.00	0.00	0.00
	Family	1,789.00	1,789.00	0.00	0.00
Delta Dental PPO	Single	58.10	58.00	0.10	0.05
	Two-Party	108.60	108.40	0.20	0.09
	Family	143.20	142.90	0.30	0.14
Delta Care HMO	Single	30.11	30.11	0.00	0.00
	Two-Party	51.19	51.19	0.00	0.00
	Family	78.29	78.29	0.00	0.00
VSP Vision	Single	25.12	23.50	1.62	0.75
	Two-Party	25.12	23.50	1.62	0.75
	Family	25.12	23.50	1.62	0.75

Medical Opt Out Benefit: \$699.00 per month (\$322.62 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

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(Employees who enrolled in Medical but opt out Vision)

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
PERS Anthem HMO Select	Single	634.75	634.75	0.00	0.00
	Two-Party	1,269.50	1,209.50	60.00	27.69
	Family	1,650.35	1,530.50	119.85	55.32
PERS Anthem HMO Traditional	Single	710.79	657.50	53.29	24.60
	Two-Party	1,421.58	1,209.50	212.08	97.88
	Family	1,848.05	1,530.50	317.55	146.56
PERS Blue Shield Access+	Single	654.87	654.87	0.00	0.00
	Two-Party	1,309.74	1,209.50	100.24	46.26
	Family	1,702.66	1,530.50	172.16	79.46
PERS Blue Shield NetValue	Single	666.35	657.50	8.85	4.08
	Two-Party	1,332.70	1,209.50	123.20	56.86
	Family	1,732.51	1,530.50	202.01	93.24
PERS Health Net Salud y Mas	Single	535.98	535.98	0.00	0.00
	Two-Party	1,071.96	1,071.96	0.00	0.00
	Family	1,393.55	1,393.55	0.00	0.00
PERS Health Net SmartCare	Single	596.98	596.98	0.00	0.00
	Two-Party	1,193.96	1,193.96	0.00	0.00
	Family	1,552.15	1,530.50	21.65	9.99
PERS Kaiser	Single	605.05	605.05	0.00	0.00
	Two-Party	1,210.10	1,209.50	0.60	0.28
	Family	1,573.13	1,530.50	42.63	19.68
PERS UnitedHealthcare	Single	493.99	493.99	0.00	0.00
	Two-Party	987.98	987.98	0.00	0.00
	Family	1,284.37	1,284.37	0.00	0.00
PERS Choice	Single	683.71	657.50	26.21	12.10
	Two-Party	1,367.42	1,209.50	157.92	72.89
	Family	1,777.65	1,530.50	247.15	114.07
PERS Select	Single	625.20	625.20	0.00	0.00
	Two-Party	1,250.40	1,209.50	40.90	18.88
	Family	1,625.52	1,530.50	95.02	43.86
PERS Care	Single	761.50	657.50	104.00	48.00
	Two-Party	1,523.00	1,209.50	313.50	144.69
	Family	1,979.90	1,530.50	449.40	207.42
PORAC	Single	699.00	699.00	0.00	0.00
	Two-Party	1,399.00	1,399.00	0.00	0.00
	Family	1,789.00	1,789.00	0.00	0.00
Delta Dental PPO	Single	58.10	58.00	0.10	0.05
	Two-Party	108.60	108.40	0.20	0.09
	Family	143.20	142.90	0.30	0.14
Delta Care HMO	Single	30.11	30.11	0.00	0.00
	Two-Party	51.19	51.19	0.00	0.00
	Family	78.29	78.29	0.00	0.00

Medical Opt Out Benefit: \$699.00 per month (\$322.62 bi-weekly)*

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