

City of Huntington Beach
 2016 Health Premiums and Contributions
 Effective Payperiod 6/18/2016

POA

(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	634.75	0.00	0.00
	Two-Party	1,269.50	1,269.50	0.00	0.00
	Family	1,650.35	1,650.35	0.00	0.00
PERS Anthem HMO Traditional	Single	710.79	699.00	11.79	5.44
	Two-Party	1,421.58	1,399.00	22.58	10.42
	Family	1,848.05	1,789.00	59.05	27.25
PERS Blue Shield Access+	Single	654.87	654.87	0.00	0.00
	Two-Party	1,309.74	1,309.74	0.00	0.00
	Family	1,702.66	1,702.66	0.00	0.00
PERS Blue Shield NetValue	Single	666.35	666.35	0.00	0.00
	Two-Party	1,332.70	1,332.70	0.00	0.00
	Family	1,732.51	1,732.51	0.00	0.00
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	1,552.15	0.00	0.00
PERS Kaiser	Single	605.05	605.05	0.00	0.00
	Two-Party	1,210.10	1,210.10	0.00	0.00
	Family	1,573.13	1,573.13	0.00	0.00
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	683.71	0.00	0.00
	Two-Party	1,367.42	1,367.42	0.00	0.00
	Family	1,777.65	1,777.65	0.00	0.00
PERS Select	Single	625.20	625.20	0.00	0.00
	Two-Party	1,250.40	1,250.40	0.00	0.00
	Family	1,625.52	1,625.52	0.00	0.00
PERS Care	Single	761.50	699.00	62.50	28.85
	Two-Party	1,523.00	1,399.00	124.00	57.23
	Family	1,979.90	1,789.00	190.90	88.11
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	57.86	0.24	0.11
	Two-Party	108.60	108.02	0.58	0.27
	Family	143.20	142.36	0.84	0.39
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	22.76	2.36	1.09
	Two-Party	25.12	22.76	2.36	1.09
	Family	25.12	22.76	2.36	1.09

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

Other Southern California Region: Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare

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POA

(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	1,269.50	0.00	0.00
	Family	1,650.35	1,650.35	0.00	0.00
PERS Anthem HMO Traditional	Single	710.79	710.79	0.00	0.00
	Two-Party	1,421.58	1,421.58	0.00	0.00
	Family	1,848.05	1,811.76	36.29	16.75
PERS Blue Shield Access+	Single	654.87	654.87	0.00	0.00
	Two-Party	1,309.74	1,309.74	0.00	0.00
	Family	1,702.66	1,702.66	0.00	0.00
PERS Blue Shield NetValue	Single	666.35	666.35	0.00	0.00
	Two-Party	1,332.70	1,332.70	0.00	0.00
	Family	1,732.51	1,732.51	0.00	0.00
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	1,552.15	0.00	0.00
PERS Kaiser	Single	605.05	605.05	0.00	0.00
	Two-Party	1,210.10	1,210.10	0.00	0.00
	Family	1,573.13	1,573.13	0.00	0.00
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	683.71	0.00	0.00
	Two-Party	1,367.42	1,367.42	0.00	0.00
	Family	1,777.65	1,777.65	0.00	0.00
PERS Select	Single	625.20	625.20	0.00	0.00
	Two-Party	1,250.40	1,250.40	0.00	0.00
	Family	1,625.52	1,625.52	0.00	0.00
PERS Care	Single	761.50	721.76	39.74	18.34
	Two-Party	1,523.00	1,421.76	101.24	46.73
	Family	1,979.90	1,811.76	168.14	77.60
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	57.86	0.24	0.11
	Two-Party	108.60	108.02	0.58	0.27
	Family	143.20	142.36	0.84	0.39
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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