

City of Huntington Beach
2016 Health Premiums and Contributions
Effective 1/1/2016

FMA

(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	498.73	136.02	62.78
	Two-Party	1,269.50	997.47	272.03	125.55
	Family	1,650.35	1,296.70	353.65	163.22
PERS Anthem HMO Traditional	Single	710.79	498.73	212.06	97.87
	Two-Party	1,421.58	997.47	424.11	195.74
	Family	1,848.05	1,296.70	551.35	254.47
PERS Blue Shield Access+	Single	654.87	498.73	156.14	72.06
	Two-Party	1,309.74	997.47	312.27	144.12
	Family	1,702.66	1,296.70	405.96	187.37
PERS Blue Shield NetValue	Single	666.35	498.73	167.62	77.36
	Two-Party	1,332.70	997.47	335.23	154.72
	Family	1,732.51	1,296.70	435.81	201.14
PERS Health Net Salud y Mas	Single	535.98	498.73	37.25	17.19
	Two-Party	1,071.96	997.47	74.49	34.38
	Family	1,393.55	1,296.70	96.85	44.70
PERS Health Net SmartCare	Single	596.98	498.73	98.25	45.35
	Two-Party	1,193.96	997.47	196.49	90.69
	Family	1,552.15	1,296.70	255.45	117.90
PERS Kaiser	Single	605.05	498.73	106.32	49.07
	Two-Party	1,210.10	997.47	212.63	98.14
	Family	1,573.13	1,296.70	276.43	127.58
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	498.73	184.98	85.38
	Two-Party	1,367.42	997.47	369.95	170.75
	Family	1,777.65	1,296.70	480.95	221.98
PERS Select	Single	625.20	498.73	126.47	58.37
	Two-Party	1,250.40	997.47	252.93	116.74
	Family	1,625.52	1,296.70	328.82	151.76
PERS Care	Single	761.50	531.53	229.97	106.14
	Two-Party	1,523.00	1,063.07	459.93	212.28
	Family	1,979.90	1,381.98	597.92	275.96
PORAC	Single	699.00	503.33	195.67	90.31
	Two-Party	1,399.00	955.83	443.17	204.54
	Family	1,789.00	1,214.31	574.69	265.24
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	26.54	3.57	1.65
	Two-Party	51.19	45.12	6.07	2.80
	Family	78.29	69.01	9.28	4.28
VSP Vision	Single	25.12	23.87	1.25	0.58
	Two-Party	25.12	23.87	1.25	0.58
	Family	25.12	23.87	1.25	0.58

Medical Opt Out Benefit: \$200.00 per month (\$92.31 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

FMA with vision - SoCal Region