

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

**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	634.00	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	634.00	65.00	30.00
	Two-Party	1,399.00	1,186.00	213.00	98.31
	Family	1,789.00	1,507.00	282.00	130.15
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: \$634.00 per month (\$292.62 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	1,208.76	60.74	28.03
	Family	1,650.35	1,529.76	120.59	55.66
PERS Anthem HMO Traditional	Single	710.79	656.76	54.03	24.94
	Two-Party	1,421.58	1,208.76	212.82	98.22
	Family	1,848.05	1,529.76	318.29	146.90
PERS Blue Shield Access+	Single	654.87	654.87	0.00	0.00
	Two-Party	1,309.74	1,208.76	100.98	46.61
	Family	1,702.66	1,529.76	172.90	79.80
PERS Blue Shield NetValue	Single	666.35	656.76	9.59	4.43
	Two-Party	1,332.70	1,208.76	123.94	57.20
	Family	1,732.51	1,529.76	202.75	93.58
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	1,193.93	0.03	0.01
	Family	1,552.15	1,529.76	22.39	10.33
PERS Kaiser	Single	605.05	605.05	0.00	0.00
	Two-Party	1,210.10	1,208.76	1.34	0.62
	Family	1,573.13	1,529.76	43.37	20.02
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	656.76	26.95	12.44
	Two-Party	1,367.42	1,208.76	158.66	73.23
	Family	1,777.65	1,529.76	247.89	114.41
PERS Select	Single	625.20	625.20	0.00	0.00
	Two-Party	1,250.40	1,208.76	41.64	19.22
	Family	1,625.52	1,529.76	95.76	44.20
PERS Care	Single	761.50	656.76	104.74	48.34
	Two-Party	1,523.00	1,208.76	314.24	145.03
	Family	1,979.90	1,529.76	450.14	207.76
PORAC	Single	699.00	656.76	42.24	19.50
	Two-Party	1,399.00	1,208.76	190.24	87.80
	Family	1,789.00	1,529.76	259.24	119.65
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: \$634.00 per month (\$292.62 bi-weekly)

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