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	543.47	543.47	0.00	0.00
	Two-Party	1,086.94	1,086.94	0.00	0.00
	Family	1,413.02	1,413.02	0.00	0.00
PERS Anthem HMO Traditional	Single	610.64	610.64	0.00	0.00
	Two-Party	1,221.28	1,186.00	35.28	16.28
	Family	1,587.66	1,507.00	80.66	37.23
PERS Blue Shield Access+	Single	566.53	566.53	0.00	0.00
	Two-Party	1,133.06	1,133.06	0.00	0.00
	Family	1,472.98	1,472.98	0.00	0.00
PERS Blue Shield NetValue	Single	576.46	576.46	0.00	0.00
	Two-Party	1,152.92	1,152.92	0.00	0.00
	Family	1,498.80	1,498.80	0.00	0.00
PERS Health Net Salud y Mas	Single	466.11	466.11	0.00	0.00
	Two-Party	932.22	932.22	0.00	0.00
	Family	1,211.89	1,211.89	0.00	0.00
PERS Health Net SmartCare	Single	585.39	585.39	0.00	0.00
	Two-Party	1,170.78	1,170.78	0.00	0.00
	Family	1,522.01	1,507.00	15.01	6.93
PERS Kaiser	Single	543.83	543.83	0.00	0.00
	Two-Party	1,087.66	1,087.66	0.00	0.00
	Family	1,413.96	1,413.96	0.00	0.00
PERS UnitedHealthcare	Single	492.24	492.24	0.00	0.00
	Two-Party	984.48	984.48	0.00	0.00
	Family	1,279.82	1,279.82	0.00	0.00
PERS Choice	Single	598.75	598.75	0.00	0.00
	Two-Party	1,197.50	1,186.00	11.50	5.31
	Family	1,556.75	1,507.00	49.75	22.96
PERS Select	Single	547.55	547.55	0.00	0.00
	Two-Party	1,095.10	1,095.10	0.00	0.00
	Family	1,423.63	1,423.63	0.00	0.00
PERS Care	Single	666.91	634.00	32.91	15.19
	Two-Party	1,333.82	1,186.00	147.82	68.22
	Family	1,733.97	1,507.00	226.97	104.76
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

Los Angeles Area Region: Los Angeles, San Bernardino, Ventura

POA with vision - LA Region

City of Huntington Beach
2016 Health Premiums and Contributions
Effective 1/1/2016
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	543.47	543.47	0.00	0.00
	Two-Party	1,086.94	1,086.94	0.00	0.00
	Family	1,413.02	1,413.02	0.00	0.00
PERS Anthem HMO Traditional	Single	610.64	610.64	0.00	0.00
	Two-Party	1,221.28	1,208.76	12.52	5.78
	Family	1,587.66	1,529.76	57.90	26.72
PERS Blue Shield Access+	Single	566.53	566.53	0.00	0.00
	Two-Party	1,133.06	1,133.06	0.00	0.00
	Family	1,472.98	1,472.98	0.00	0.00
PERS Blue Shield NetValue	Single	576.46	576.46	0.00	0.00
	Two-Party	1,152.92	1,152.92	0.00	0.00
	Family	1,498.80	1,498.80	0.00	0.00
PERS Health Net Salud y Mas	Single	466.11	466.11	0.00	0.00
	Two-Party	932.22	932.22	0.00	0.00
	Family	1,211.89	1,211.89	0.00	0.00
PERS Health Net SmartCare	Single	585.39	585.39	0.00	0.00
	Two-Party	1,170.78	1,170.78	0.00	0.00
	Family	1,522.01	1,522.01	0.00	0.00
PERS Kaiser	Single	543.83	543.83	0.00	0.00
	Two-Party	1,087.66	1,087.66	0.00	0.00
	Family	1,413.96	1,413.96	0.00	0.00
PERS UnitedHealthcare	Single	492.24	492.24	0.00	0.00
	Two-Party	984.48	984.48	0.00	0.00
	Family	1,279.82	1,279.82	0.00	0.00
PERS Choice	Single	598.75	598.75	0.00	0.00
	Two-Party	1,197.50	1,197.50	0.00	0.00
	Family	1,556.75	1,529.76	26.99	12.46
PERS Select	Single	547.55	547.55	0.00	0.00
	Two-Party	1,095.10	1,095.10	0.00	0.00
	Family	1,423.63	1,423.63	0.00	0.00
PERS Care	Single	666.91	656.76	10.15	4.68
	Two-Party	1,333.82	1,208.76	125.06	57.72
	Family	1,733.97	1,529.76	204.21	94.25
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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