

HPOA EMPLOYEES

**2016 Monthly Medical, Dental and Vision Premiums ⁵
City Maximum Contributions and Employee Out-of-Pocket Costs**

	Employee Only				EMPLOYEE + 1				FAMILY			
	Monthly Premium	City Paid Monthly ¹	EE Paid Monthly	EE Paid Per Pay Period ²	Monthly Premium	City Paid Monthly ¹	EE Paid Monthly	EE Paid Per Pay Period ²	Monthly Premium	City Paid Monthly ¹	EE Paid Monthly	EE Paid Per Pay Period ²
	HMO Plans				HMO Plans				HMO Plans			
Anthem Select	\$ 721.79	\$ 721.79	\$ -	\$ -	\$ 1,443.58	\$ 1,443.58	\$ -	\$ -	\$ 1,876.65	\$ 1,876.65	\$ -	\$ -
Anthem Traditional	\$ 855.42	\$ 855.42	\$ -	\$ -	\$ 1,710.84	\$ 1,710.84	\$ -	\$ -	\$ 2,224.09	\$ 2,224.09	\$ -	\$ -
Blue Shield Access+	\$ 1,016.18	\$ 1,016.18	\$ -	\$ -	\$ 2,032.36	\$ 2,032.36	\$ -	\$ -	\$ 2,642.07	\$ 2,642.07	\$ -	\$ -
Blue Shield NetValue ³	\$ 1,033.86	\$ 1,033.86	\$ -	\$ -	\$ 2,067.72	\$ 2,067.72	\$ -	\$ -	\$ 2,688.04	\$ 2,688.04	\$ -	\$ -
HealthNet SmartCare	\$ 808.44	\$ 808.44	\$ -	\$ -	\$ 1,616.88	\$ 1,616.88	\$ -	\$ -	\$ 2,101.94	\$ 2,101.94	\$ -	\$ -
Kaiser Permanente	\$ 746.47	\$ 746.47	\$ -	\$ -	\$ 1,492.94	\$ 1,492.94	\$ -	\$ -	\$ 1,940.82	\$ 1,940.82	\$ -	\$ -
UnitedHealthcare	\$ 955.44	\$ 955.44	\$ -	\$ -	\$ 1,910.88	\$ 1,910.88	\$ -	\$ -	\$ 2,484.14	\$ 2,484.14	\$ -	\$ -
PPO Plans				PPO Plans				PPO Plans				
PERS Choice	\$ 798.36	\$ 798.36	\$ -	\$ -	\$ 1,596.72	\$ 1,596.72	\$ -	\$ -	\$ 2,075.74	\$ 2,075.74	\$ -	\$ -
PERS Select	\$ 730.07	\$ 730.07	\$ -	\$ -	\$ 1,460.14	\$ 1,460.14	\$ -	\$ -	\$ 1,898.18	\$ 1,898.18	\$ -	\$ -
PERSCare	\$ 889.27	\$ 889.27	\$ -	\$ -	\$ 1,778.54	\$ 1,778.54	\$ -	\$ -	\$ 2,312.10	\$ 2,312.10	\$ -	\$ -
PORAC ⁴	\$ 699.00	\$ 699.00	\$ -	\$ -	\$ 1,399.00	\$ 1,399.00	\$ -	\$ -	\$ 1,789.00	\$ 1,789.00	\$ -	\$ -

Delta Dental PPO (Group 0001)			
Enrollment Level	Monthly Premium	100% City Paid	EE Paid Per Pay Period
EE Only	\$70.79	\$70.79	\$0.00
EE + 1	\$120.33	\$120.33	\$0.00
Family	\$184.04	\$184.04	\$0.00

VSP			
Enrollment Level	Monthly Premium	100% City Paid	EE Paid Per Pay Period
EE Only	\$9.20	\$9.20	\$0.00
EE + 1	\$18.00	\$18.00	\$0.00
Family	\$28.70	\$28.70	\$0.00

United Concordia Dental HMO			
Enrollment Level	Monthly Premium	100% City Paid	EE Per Pay Period Cost
EE Only	\$27.47	\$27.47	\$0.00
EE + 1 or More	\$69.11	\$69.11	\$0.00

¹ City will contribute 100% of plan premiums, up to Kaiser or BlueShield, whichever is higher.

² Premiums deducted for first 2 pay periods of the month for a total of 24 deductions.

³ Not currently available in Alameda County.

⁴ Must be a dues paying member of HPOA or IAFF to enroll in plan.

⁵ Rates provided are for Bay Area only. Please contact HR for rates in other coverage areas.

EE = Employee