

LOCAL 21 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	\$ 685.70	\$ 36.09	\$ 18.04	\$ 1,443.58	\$ 1,371.40	\$ 72.18	\$ 36.09	\$ 1,876.65	\$ 1,782.82	\$ 93.83	\$ 46.92
Anthem Traditional	\$ 855.42	\$ 812.65	\$ 42.77	\$ 21.39	\$ 1,710.84	\$ 1,625.30	\$ 85.54	\$ 42.77	\$ 2,224.09	\$ 2,112.89	\$ 111.20	\$ 55.60
Blue Shield Access+	\$ 1,016.18	\$ 965.37	\$ 50.81	\$ 25.40	\$ 2,032.36	\$ 1,930.74	\$ 101.62	\$ 50.81	\$ 2,642.07	\$ 2,509.97	\$ 132.10	\$ 66.05
Blue Shield NetValue ³	\$ 1,033.86	\$ 965.37	\$ 68.49	\$ 34.24	\$ 2,067.72	\$ 1,930.74	\$ 136.98	\$ 68.49	\$ 2,688.04	\$ 2,509.97	\$ 178.07	\$ 89.04
HealthNet SmartCare	\$ 808.44	\$ 768.02	\$ 40.42	\$ 20.21	\$ 1,616.88	\$ 1,536.04	\$ 80.84	\$ 40.42	\$ 2,101.94	\$ 1,996.84	\$ 105.10	\$ 52.55
Kaiser Permanente	\$ 746.47	\$ 709.15	\$ 37.32	\$ 18.66	\$ 1,492.94	\$ 1,418.29	\$ 74.65	\$ 37.32	\$ 1,940.82	\$ 1,843.78	\$ 97.04	\$ 48.52
UnitedHealthcare	\$ 955.44	\$ 907.67	\$ 47.77	\$ 23.89	\$ 1,910.88	\$ 1,815.34	\$ 95.54	\$ 47.77	\$ 2,484.14	\$ 2,359.93	\$ 124.21	\$ 62.10
	PPO Plans				PPO Plans				PPO Plans			
PERS Choice	\$ 798.36	\$ 758.44	\$ 39.92	\$ 19.96	\$ 1,596.72	\$ 1,516.88	\$ 79.84	\$ 39.92	\$ 2,075.74	\$ 1,971.95	\$ 103.79	\$ 51.89
PERS Select	\$ 730.07	\$ 693.57	\$ 36.50	\$ 18.25	\$ 1,460.14	\$ 1,387.13	\$ 73.01	\$ 36.50	\$ 1,898.18	\$ 1,803.27	\$ 94.91	\$ 47.45
PERSCare	\$ 889.27	\$ 844.81	\$ 44.46	\$ 22.23	\$ 1,778.54	\$ 1,689.61	\$ 88.93	\$ 44.46	\$ 2,312.10	\$ 2,196.50	\$ 115.61	\$ 57.80
PORAC ⁴	\$ 699.00	\$ 664.05	\$ 34.95	\$ 17.48	\$ 1,399.00	\$ 1,329.05	\$ 69.95	\$ 34.98	\$ 1,789.00	\$ 1,699.55	\$ 89.45	\$ 44.73

Delta Dental PPO (Group 0004)				
Enrollment Level	Monthly Premium	City Paid Monthly (80%)	EE Paid Monthly (20%)	EE Paid Per Pay Period ²
EE Only	\$71.19	\$56.95	\$14.24	\$7.12
EE + 1	\$121.02	\$96.82	\$24.20	\$12.10
Family	\$185.10	\$148.08	\$37.02	\$18.51

VSP				
Enrollment Level	Monthly Premium	City Paid Monthly (50%)	EE Paid Monthly (50%)	EE Paid Per Pay Period ²
EE Only	\$9.20	\$4.60	\$4.60	\$2.30
EE + 1	\$18.00	\$9.00	\$9.00	\$4.50
Family	\$28.70	\$14.35	\$14.35	\$7.18

United Concordia Dental HMO				
Enrollment Level	Monthly Premium	City Paid Monthly (80%)	EE Paid Monthly (20%)	EE Per Pay Period Cost ²
EE Only	\$27.47	\$21.98	\$5.49	\$2.75
EE + 1 or More	\$69.11	\$55.29	\$13.82	\$6.91

¹ City will contribute 95% of plan premiums at the individually enrolled level (i.e. Employee Only, Employee +1, Family) up to the 2nd highest cost plan.

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