

**SEIU CLERICAL AND MAINTENANCE EMPLOYEES**  
**2016 Monthly Medical, Dental and Vision Premiums <sup>5</sup>**  
**City Maximum Contributions and Employee Out-of-Pocket Costs**

	<b>Employee Only</b>			
	<b>Monthly Premium</b>	<b>City Paid Monthly <sup>1</sup></b>	<b>EE Paid Monthly</b>	<b>EE Paid Per Pay Period <sup>2</sup></b>
<b>HMO Plans</b>				
Anthem Select	\$ 721.79	\$ 721.79	\$ -	\$ -
Anthem Traditional	\$ 855.42	\$ 746.47	\$ 108.95	\$ 54.48
Blue Shield Access+	\$ 1,016.18	\$ 746.47	\$ 269.71	\$ 134.86
Blue Shield NetValue <sup>3</sup>	\$ 1,033.86	\$ 746.47	\$ 287.39	\$ 143.70
HealthNet SmartCare	\$ 808.44	\$ 746.47	\$ 61.97	\$ 30.99
Kaiser Permanente	\$ 746.47	\$ 746.47	\$ -	\$ -
UnitedHealthcare	\$ 955.44	\$ 746.47	\$ 208.97	\$ 104.49
<b>PPO Plans</b>				
PERS Choice	\$ 798.36	\$ 746.47	\$ 51.89	\$ 25.95
PERS Select	\$ 730.07	\$ 730.07	\$ -	\$ -
PERSCare	\$ 889.27	\$ 746.47	\$ 142.80	\$ 71.40
PORAC <sup>4</sup>	\$ 699.00	\$ 699.00	\$ -	\$ -

	<b>EMPLOYEE + 1</b>			
	<b>Monthly Premium</b>	<b>City Paid Monthly <sup>1</sup></b>	<b>EE Paid Monthly</b>	<b>EE Paid Per Pay Period <sup>2</sup></b>
<b>HMO Plans</b>				
\$ 1,443.58	\$ 1,443.58	\$ -	\$ -	
\$ 1,710.84	\$ 1,492.94	\$ 217.90	\$ 108.95	
\$ 2,032.36	\$ 1,492.94	\$ 539.42	\$ 269.71	
\$ 2,067.72	\$ 1,492.94	\$ 574.78	\$ 287.39	
\$ 1,616.88	\$ 1,492.94	\$ 123.94	\$ 61.97	
\$ 1,492.94	\$ 1,492.94	\$ -	\$ -	
\$ 1,910.88	\$ 1,492.94	\$ 417.94	\$ 208.97	
<b>PPO Plans</b>				
\$ 1,596.72	\$ 1,492.94	\$ 103.78	\$ 51.89	
\$ 1,460.14	\$ 1,460.14	\$ -	\$ -	
\$ 1,778.54	\$ 1,492.94	\$ 285.60	\$ 142.80	
\$ 1,399.00	\$ 1,399.00	\$ -	\$ -	

	<b>FAMILY</b>			
	<b>Monthly Premium</b>	<b>City Paid Monthly <sup>1</sup></b>	<b>EE Paid Monthly</b>	<b>EE Paid Per Pay Period <sup>2</sup></b>
<b>HMO Plans</b>				
\$ 1,876.65	\$ 1,876.65	\$ -	\$ -	
\$ 2,224.09	\$ 1,940.82	\$ 283.27	\$ 141.64	
\$ 2,642.07	\$ 1,940.82	\$ 701.25	\$ 350.63	
\$ 2,688.04	\$ 1,940.82	\$ 747.22	\$ 373.61	
\$ 2,101.94	\$ 1,940.82	\$ 161.12	\$ 80.56	
\$ 1,940.82	\$ 1,940.82	\$ -	\$ -	
\$ 2,484.14	\$ 1,940.82	\$ 543.32	\$ 271.66	
<b>PPO Plans</b>				
\$ 2,075.74	\$ 1,940.82	\$ 134.92	\$ 67.46	
\$ 1,898.18	\$ 1,898.18	\$ -	\$ -	
\$ 2,312.10	\$ 1,940.82	\$ 371.28	\$ 185.64	
\$ 1,789.00	\$ 1,789.00	\$ -	\$ -	

<b>Delta Dental PPO (Group 0005)</b>				
<b>Enrollment Level</b>	<b>Monthly Premium</b>	<b>City Paid Monthly (80%)</b>	<b>EE Paid Monthly (20%)</b>	<b>EE Paid Per Pay Period <sup>2</sup></b>
EE Only	\$61.95	\$49.56	\$12.39	\$6.20
EE + 1	\$105.30	\$84.24	\$21.06	\$10.53
Family	\$161.05	\$128.84	\$32.21	\$16.11

<b>VSP</b>				
<b>Enrollment Level</b>	<b>Monthly Premium</b>	<b>City Paid Monthly (50%)</b>	<b>EE Paid Monthly (50%)</b>	<b>EE Paid Per Pay Period <sup>2</sup></b>
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

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

<sup>1</sup> City will contribute 100% of plan premiums up to the Kaiser Bay Area rate (at each enrollment level).

<sup>2</sup> Premiums deducted for first 2 pay periods of the month for a total of 24 deductions.

<sup>3</sup> Not currently available in Alameda County.

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

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

EE = Employee