

UNREP - NON-EXEMPT 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	\$ 649.61	\$ 72.18	\$ 36.09	\$ 1,443.58	\$ 1,299.22	\$ 144.36	\$ 72.18	\$ 1,876.65	\$ 1,688.99	\$ 187.67	\$ 93.83
Anthem Traditional	\$ 855.42	\$ 769.88	\$ 85.54	\$ 42.77	\$ 1,710.84	\$ 1,539.76	\$ 171.08	\$ 85.54	\$ 2,224.09	\$ 2,001.68	\$ 222.41	\$ 111.20
Blue Shield Access+	\$ 1,016.18	\$ 914.56	\$ 101.62	\$ 50.81	\$ 2,032.36	\$ 1,829.12	\$ 203.24	\$ 101.62	\$ 2,642.07	\$ 2,377.86	\$ 264.21	\$ 132.10
Blue Shield NetValue ³	\$ 1,033.86	\$ 914.56	\$ 119.30	\$ 59.65	\$ 2,067.72	\$ 1,829.12	\$ 238.60	\$ 119.30	\$ 2,688.04	\$ 2,377.86	\$ 310.18	\$ 155.09
HealthNet SmartCare	\$ 808.44	\$ 727.60	\$ 80.84	\$ 40.42	\$ 1,616.88	\$ 1,455.19	\$ 161.69	\$ 80.84	\$ 2,101.94	\$ 1,891.75	\$ 210.19	\$ 105.10
Kaiser Permanente	\$ 746.47	\$ 671.82	\$ 74.65	\$ 37.32	\$ 1,492.94	\$ 1,343.65	\$ 149.29	\$ 74.65	\$ 1,940.82	\$ 1,746.74	\$ 194.08	\$ 97.04
UnitedHealthcare	\$ 955.44	\$ 859.90	\$ 95.54	\$ 47.77	\$ 1,910.88	\$ 1,719.79	\$ 191.09	\$ 95.54	\$ 2,484.14	\$ 2,235.73	\$ 248.41	\$ 124.21
	PPO Plans				PPO Plans				PPO Plans			
PERS Choice	\$ 798.36	\$ 718.52	\$ 79.84	\$ 39.92	\$ 1,596.72	\$ 1,437.05	\$ 159.67	\$ 79.84	\$ 2,075.74	\$ 1,868.17	\$ 207.57	\$ 103.79
PERS Select	\$ 730.07	\$ 657.06	\$ 73.01	\$ 36.50	\$ 1,460.14	\$ 1,314.13	\$ 146.01	\$ 73.01	\$ 1,898.18	\$ 1,708.36	\$ 189.82	\$ 94.91
PERSCare	\$ 889.27	\$ 800.34	\$ 88.93	\$ 44.46	\$ 1,778.54	\$ 1,600.69	\$ 177.85	\$ 88.93	\$ 2,312.10	\$ 2,080.89	\$ 231.21	\$ 115.61
PORAC ⁴	\$ 699.00	\$ 629.10	\$ 69.90	\$ 34.95	\$ 1,399.00	\$ 1,259.10	\$ 139.90	\$ 69.95	\$ 1,789.00	\$ 1,610.10	\$ 178.90	\$ 89.45

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 90% 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