Active Employee Premium Schedule –Effective January 1, 2016

MEDICAL – Orange, San Diego, or Riverside County Residents *(Verify service area of each provider)*			
CARRIER	EMP ONLY	EMP & 1	EMP & 2
(AS) Anthem Select HMO	$$634.75	$1,269.50	$1,650.35
(AT) Anthem Traditional HMO	$710.79	$1,421.58	$1,848.05
(BSA) Blue Shield Access+ HMO	$654.87	$1,309.74	$1,702.66
(BSNV) Blue Shield NetValue HMO	$666.35	$1,332.70	$1,732.51
(HNSM) Health Net Salud y Mas HMO	$535.98	$1,071.96	$1,393.55
(HNSC) Health Net SmartCare HMO	$596.98	$1,193.96	$1,552.15
(KS) Kaiser	$605.05	$1,210.10	$1,573.13
(SHP) Sharp HMO	$561.34	$1,122.68	$1,459.48
(UH) United Healthcare HMO	$493.99	$987.98	$1,284.37
(PCH) PERS Choice PPO	$683.71	$1,367.42	$1,777.65
(PS) PERS Select PPO	$625.20	$1,250.40	$1,625.52
(PC) PERS Care PPO	$761.50	$1,523.00	$1,979.90
MEDICAL – Los Angeles or San Bernardino County Residents *(Verify service area of each provider)*			
CARRIER	EMP ONLY	EMP & 1	EMP & 2
(AS) Anthem Select HMO	$543.47	$1,086.94	$1,413.02
(AT) Anthem Traditional HMO	$610.64	$1,221.28	$1,587.66
(BSA) Blue Shield Access+ HMO	$566.53	$1,133.06	$1,472.98
(BSNV) Blue Shield NetValue HMO	$576.46	$1,152.92	$1,498.80
(HNSM) Health Net Salud y Mas HMO	$466.11	$932.22	$1,211.89
(HNSC) Health Net SmartCare HMO	$585.39	$1,170.78	$1,522.01
(KS) Kaiser	$543.83	$1,087.66	$1,413.96
(UH) United Healthcare HMO	$492.24	$984.48	$1,279.82
(PCH) PERS Choice PPO	$598.75	$1,197.50	$1,556.75
(PS) PERS Select PPO	$547.55	$1,095.10	$1,423.63
(PC) PERS Care PPO	$666.91	$1,333.82	$1,733.97
DENTAL & VISION – All Counties			
CARRIER	EMP ONLY	EMP & 1	EMP & 2
(DHMO) Delta Care	$22.79	$40.89	$60.90
(DPPO) Delta Preferred	$69.60	$123.60	$203.30
(VIS) Vision	$26.14	$41.03	$69.78

FLEXIBLE SPENDING ACCOUNTS	ANNUAL MINIMUM	ANNUAL MAXIMUM
(DEP CARE) Dependent Care Reimbursement	$300	$5,000
(MED REIMB) Medical Reimbursement	$180	$2,500

DEFERRED COMPENSATION	ANNUAL MINIMUM	ANNUAL MAXIMUM
Basic Annual Employee Contribution Levels	$120	$18,000
Age 50 or Older Catch-Up Contribution Levels	$0	$6,000

Fixed Monthly City Contribution Towards Employee Health Benefits

TIER 1 MONTHLY CITY CONTRIBUTION	
FULL-TIME EQUIVALENCY (FTE)	**OPT OUT**
1.000 (40 hrs/wk)	$975.00
.750 to .999 (30 – 39 hrs/wk)	$731.25
.500 to .749 (20 – 29 hrs/wk)	$487.50

TIER 2 MONTHLY CITY CONTRIBUTION TO EMPLOYEE HEALTH BENEFITS				
FULL-TIME EQUIVALENCY (FTE)	**MEDICAL PLAN ENROLLMENT LEVEL**			
	OPT OUT	**Employee Only**	**Employee + 1**	**Employee + Family**
1.000 (40 hrs/wk)	$750.00	$975.00	$1,062.00	$1,264.00
.750 to .999 (30 – 39 hrs/wk)	$512.50	$731.25	$796.50	$948.00
.500 to .749 (20 – 29 hrs/wk)	$275.00	$487.50	$531.00	$632.00

TIER 4 MONTHLY CITY CONTRIBUTION TO EMPLOYEE HEALTH BENEFITS				
FULL-TIME EQUIVALENCY (FTE)	**MEDICAL PLAN ENROLLMENT LEVEL**			
	OPT OUT	**Employee Only**	**Employee + 1**	**Employee + Family**
1.000 (40 hrs/wk)	$450.00	$684.00	$1,057.00	$1,264.00
.750 to .999 (30 – 39 hrs/wk)	$312.50	$513.00	$792.75	$948.00
.500 to .749 (20 – 29 hrs/wk)	$175.00	$342.00	$528.50	$632.00