2015 PERS Monthly Medical Premiums Bay Area

	Total Premium	City Pays up to 92% of Kaiser Bay Area	Employee Pays/mo	Employee Pays Per Pay Period	COBRA Amt*
HMOs					
HMO Kaiser					
Employee (EE)	$ 714.45	$ 657.29	$ 57.16	$ 28.58	$ 728.74
EE+1	$ 1,428.90	$ 1,314.59	$ 114.31	$ 57.16	$ 1,457.48
EE+ Family	$ 1,857.57	$ 1,708.96	$ 148.61	$ 74.30	$ 1,894.72
HMO Anthem Traditional					
Employee (EE)	$ 827.57	$ 657.29	$ 170.28	$ 85.14	$ 844.12
EE+1	$ 1,655.14	$ 1,314.59	$ 340.55	$ 170.28	$ 1,688.24
EE+ Family	$ 2,151.68	$ 1,708.96	$ 442.72	$ 221.36	$ 2,194.71
HMO UnitedHealthcare					
Employee (EE)	$ 850.67	$ 657.29	$ 193.38	$ 96.69	$ 867.68
EE+1	$ 1,701.34	$ 1,314.59	$ 386.75	$ 193.38	$ 1,735.37
EE+ Family	$ 2,211.74	$ 1,708.96	$ 502.78	$ 251.39	$ 2,255.97
HMO Blue Shield Access +					
Employee (EE)	$ 928.87	$ 657.29	$ 271.58	$ 135.79	$ 947.45
EE+1	$ 1,857.74	$ 1,314.59	$ 543.15	$ 271.58	$ 1,894.89
EE+ Family	$ 2,415.06	$ 1,708.96	$ 706.10	$ 353.05	$ 2,463.36
HMO Anthem Select				***Not Available in Solano County***	
Employee (EE)	$ 662.41	$ 657.29	$ 5.12	$ 2.56	$ 675.66
EE+1	$ 1,324.82	$ 1,314.59	$ 10.23	$ 5.12	$ 1,351.32
EE+ Family	$ 1,722.27	$ 1,708.96	$ 13.31	$ 6.65	$ 1,756.72
HMO Blue Shield Net Value	***(preferred provider network)***			***Not Available in Solano County***	
Employee (EE)	$ 870.60	$ 657.29	$ 213.31	$ 106.65	$ 888.01
EE+1	$ 1,741.20	$ 1,314.59	$ 426.61	$ 213.31	$ 1,776.02
EE+ Family	$ 2,263.56	$ 1,708.96	$ 554.60	$ 277.30	$ 2,308.83
PPOs					
PPO PERS Select	***(preferred provider network)***				
Employee (EE)	$ 690.43	$ 657.29	$ 33.14	$ 16.57	$ 704.24
EE+1	$ 1,380.86	$ 1,314.59	$ 66.27	$ 33.14	$ 1,408.48
EE+ Family	$ 1,795.12	$ 1,708.96	$ 86.16	$ 43.08	$ 1,831.02
PPO PERS Choice					
Employee (EE)	$ 700.84	$ 657.29	$ 43.55	$ 21.77	$ 714.86
EE+1	$ 1,401.68	$ 1,314.59	$ 87.09	$ 43.55	$ 1,429.71
EE+ Family	$ 1,822.18	$ 1,708.96	$ 113.22	$ 56.61	$ 1,858.62
PPO PERSCare					
Employee (EE)	$ 775.08	$ 657.29	$ 117.79	$ 58.89	$ 790.58
EE+1	$ 1,550.16	$ 1,314.59	$ 235.57	$ 117.79	$ 1,581.16
EE+ Family	$ 2,015.21	$ 1,708.96	$ 306.25	$ 153.12	$ 2,055.51
PPO PORAC	***(Police & Fire Only)***				
Employee (EE)	$ 675.00	$ 657.29	$ 17.71	$ 8.85	$ 688.50
EE+1	$ 1,292.00	$ 1,292.00	Zero	Zero	$ 1,317.84
EE+ Family	$ 1,642.00	$ 1,642.00	Zero	Zero	$ 1,674.84

Current Max Contribution Upon Retirement (if hired after 1/1/09 or voluntarily enrolled in health vesting)

	100%	90%	80%	70%	60%	50%
Employee (EE)	$ 655.00	$ 589.50	$ 524.00	$ 458.50	$ 393.00	$ 327.50
EE+1	$ 1,246.00	$ 1,121.40	$ 996.80	$ 872.20	$ 747.60	$ 623.00
EE+Family	$ 1,605.00	$ 1,444.50	$ 1,284.00	$ 1,123.50	$ 963.00	$ 802.50

Reminder: City actually pays 100% of Kaiser Rate since EE contribution goes to Retiree Medical TRUST FUND

***Health continuation cost for separated employees or loss of dependent status.**

2015 PERS Monthly Medical Premiums *Sacramento Area*

	Total Premium	City Pays up to 92% of Kaiser Bay Area	Employee Pays/mo	Employee Pays per Pay Period	COBRA Amt*
HMO's					
HMO Kaiser CA					
Employee (EE)	$ 660.96	$ 657.29	$ 3.67	$ 1.83	$ 674.18
EE+1	$ 1,321.92	$ 1,314.59	$ 7.33	$ 3.67	$ 1,348.36
EE+ Family	$ 1,718.50	$ 1,708.96	$ 9.54	$ 4.77	$ 1,752.87
HMO UnitedHealthcare					
Employee (EE)	$ 623.45	$ 623.45	Zero	Zero	$ 635.92
EE+1	$ 1,246.90	$ 1,246.90	Zero	Zero	$ 1,271.84
EE+ Family	$ 1,620.97	$ 1,620.97	Zero	Zero	$ 1,653.39
HMO Blue Shield Access +					
Employee (EE)	$ 809.22	$ 657.29	$ 151.93	$ 75.96	$ 825.40
EE+1	$ 1,618.44	$ 1,314.59	$ 303.85	$ 151.93	$ 1,650.81
EE+ Family	$ 2,103.97	$ 1,708.96	$ 395.01	$ 197.50	$ 2,146.05
HMO Blue Shield Net Value	*(preferred provider network)*				
Employee (EE)	$ 758.45	$ 657.29	$ 101.16	$ 50.58	$ 773.62
EE+1	$ 1,516.90	$ 1,314.59	$ 202.31	$ 101.16	$ 1,547.24
EE+ Family	$ 1,971.97	$ 1,708.96	$ 263.01	$ 131.50	$ 2,011.41
HMO Anthem Select					
Employee (EE)	$ 811.14	$ 657.29	$ 153.85	$ 76.92	$ 827.36
EE+1	$ 1,622.28	$ 1,314.59	$ 307.69	$ 153.85	$ 1,654.73
EE+ Family	$ 2,108.96	$ 1,708.96	$ 400.00	$ 200.00	$ 2,151.14
HMO Anthem Traditional					
Employee (EE)	$ 940.16	$ 657.29	$ 282.87	$ 141.43	$ 958.96
EE+1	$ 1,880.32	$ 1,314.59	$ 565.73	$ 282.87	$ 1,917.93
EE+ Family	$ 2,444.42	$ 1,708.96	$ 735.46	$ 367.73	$ 2,493.31
PPO's					
PPO PERS Choice					
Employee (EE)	$ 679.26	$ 657.29	$ 21.97	$ 10.98	$ 692.85
EE+1	$ 1,358.52	$ 1,314.59	$ 43.93	$ 21.97	$ 1,385.69
EE+ Family	$ 1,766.08	$ 1,708.96	$ 57.12	$ 28.56	$ 1,801.40
PPO PERS Select	*(preferred provider network)*				
Employee (EE)	$ 669.16	$ 657.29	$ 11.87	$ 5.93	$ 682.54
EE+1	$ 1,338.32	$ 1,314.59	$ 23.73	$ 11.87	$ 1,365.09
EE+ Family	$ 1,739.82	$ 1,708.96	$ 30.86	$ 15.43	$ 1,774.62
PPO PERSCare					
Employee (EE)	$ 751.21	$ 657.29	$ 93.92	$ 46.96	$ 766.23
EE+1	$ 1,502.42	$ 1,314.59	$ 187.83	$ 93.92	$ 1,532.47
EE+ Family	$ 1,953.15	$ 1,708.96	$ 244.19	$ 122.09	$ 1,992.21
PPO PORAC (Police & Fire Only)					
Employee (EE)	$ 675.00	$ 657.29	$ 17.71	$ 8.85	$ 688.50
EE+1	$ 1,292.00	$ 1,292.00	Zero	Zero	$ 1,317.84
EE+ Family	$ 1,642.00	$ 1,642.00	Zero	Zero	$ 1,674.84

Max Contribution Upon Retirement (if hired after 1/1/09 or voluntarily enrolled in health vesting)

	100%	90%	80%	70%	60%	50%
Employee (EE)	$ 655.00	$ 589.50	$ 524.00	$ 458.50	$ 393.00	$ 327.50
EE+1	$ 1,246.00	$ 1,121.40	$ 996.80	$ 872.20	$ 747.60	$ 623.00
EE+Family	$ 1,605.00	$ 1,444.50	$ 1,284.00	$ 1,123.50	$ 963.00	$ 802.50

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***Health continuation cost for separated employees or loss of dependent status.**