

**CITY OF SUNNYVALE  
2014 HEALTH PREMIUM RATES**

Effective January 1, 2014

---MONTHLY---

Updated: 07/01/2014

**MEDICAL RATES – CalPERS Bay Area Region**

Medical Plan	EO	Plan Code	EE +1	Plan Code	EE +2+ (Family)	Plan Code
Anthem Select HMO	\$657.33	4541	\$1,314.66	4542	\$1,709.06	4543
Anthem Traditional HMO	\$728.41	4501	\$1,456.82	4502	\$1,893.87	4503
Blue Shield Access+ HMO	\$836.59	1021	\$1,673.18	1022	\$2,175.13	1023
Blue Shield Net Value HMO	\$704.01	1241	\$1,408.02	1242	\$1,830.43	1243
Kaiser CA HMO	\$742.72	1041	\$1,485.44	1042	\$1,931.07	1043
United Health Care HMO	\$764.24	4271	\$1,528.48	4272	\$1,987.02	4273
PERS Choice PPO	\$690.77	1061	\$1,381.54	1062	\$1,796.00	1063
PERS Select PPO	\$661.52	1261	\$1,323.04	1262	\$1,719.95	1263
PERS Care PPO	\$720.04	1221	\$1,440.08	1222	\$1,872.10	1223
PORAC PPO	\$634.00	2071	\$1,186.00	2072	\$1,507.00	2073

**DENTAL PLANS**

Rates Effective	01/01/14	through	12/31/14
PPO DENTAL RATES	EO	EE +1	EE +2+ (Family)
Delta Preferred PPO	\$46.70	\$88.30	\$146.50
Delta Preferred PPO - SEIU	\$38.80	\$73.20	\$121.50

**PPO DENTAL BUY-UP OPTION - Employee Paid**

Employee Pays the Difference between Core Coverage and Buy-Up Option Coverage

	EO	EE +1	EE +2+ (Family)
Delta Preferred PPO	\$66.00	\$123.20	\$195.50
<i>Difference</i>	\$19.30	\$34.90	\$49.00
Delta Preferred PPO - SEIU	\$53.80	\$100.20	\$159.90
<i>Difference</i>	\$15.00	\$27.00	\$38.40

	EO	EE +1	EE +2+ (Family)
DMO DENTAL RATES			
Delta Care DMO	\$19.61	\$35.30	\$52.23

**PSOA/COA DENTAL RATES**

**\$140.55 per month per employee**

This amount represents the maximum City paid pursuant to the current\* PSOA/COA MOU

\*PSOA-2006-2015 COA-2007-2014

**VISION RATES**

Rates Effective	01/01/13	through	12/31/14
EO	EE +1	EE +2+ (Family)	
Vision Service Plan (VSP)	\$7.60	\$11.80	\$17.60
		SEA/SEIU	\$5.80

difference between EE +1 and Family

**VISION BUY-UP OPTION - Employee Paid**

Employee Pays the Difference between Core Coverage and Buy-Up Option Coverage

	EO	EE +1	EE +2+ (Family)
Vision Service Plan (VSP)	\$9.60	\$15.00	\$22.40
<i>Difference</i>	\$2.00	\$3.20	\$4.80

**Life/AD&D INSURANCE**

Rates Effective 07/01/14 through 06/30/17

Per \$1,000 of coverage (base salary rounded up to nearest \$1,000)

	Life	AD&D
ING/ReliaStar <b>Basic</b> Coverage	\$0.111	\$0.019
ING/ReliaStar <b>Supplemental</b> Coverage	\$0.200	\$0.02

**Employees Assistance Plan (EAP)** \$5.44 per month per employee.

Rate Effective 07/01/12 through 06/30/15

**Long-Term Disability Insurance (LTD)**

\$0.567 per \$100 of coverage up to \$16,418 per month (maximum benefit 67% or \$11,000 per month\*)

\* All employees except City Attorney/City Manager

Rates Effective 07/01/14 through 06/30/17

**Note:** for PSOA-represented employees, LTD coverage is provided through the Association