

**CITY OF SUNNYVALE
2015 HEALTH PREMIUM RATES
---MONTHLY---**

Effective

January 1, 2015

Updated: 9/9/2014

MEDICAL RATES – CalPERS Bay Area Region

Medical Plan	Rates Effective			Plan Code	EE +2+ (Family)	Plan Code
	01/01/15	through	12/31/15			
Anthem Select HMO	\$662.41	4541	\$1,324.82	4542	\$1,722.27	4543
Anthem Traditional HMO	\$827.57	4501	\$1,655.14	4502	\$2,151.68	4503
Blue Shield Access+ HMO	\$928.87	1021	\$1,857.74	1022	\$2,415.06	1023
Blue Shield Net Value HMO	\$870.60	1241	\$1,741.20	1242	\$2,263.56	1243
Kaiser CA HMO	\$714.45	1041	\$1,428.90	1042	\$1,857.57	1043
United Health Care HMO	\$850.67	4271	\$1,701.34	4272	\$2,211.74	4273
PERS Choice PPO	\$700.84	1061	\$1,401.68	1062	\$1,822.18	1063
PERS Select PPO	\$690.43	1261	\$1,380.86	1262	\$1,795.12	1263
PERS Care PPO	\$775.08	1221	\$1,550.16	1222	\$2,015.21	1223
PORAC PPO	\$675.00	2071	\$1,292.00	2072	\$1,642.00	2073

DENTAL PLANS

PPO DENTAL RATES	Rates Effective		
	01/01/15	through	12/31/15
	EO	EE +1	EE +2+ (Family)
Delta Preferred PPO	\$46.80	\$88.30	\$146.50

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	\$66.20	\$123.20	\$195.50
Difference	\$19.40	\$34.90	\$49.00

DMO DENTAL RATES	EO	EE +1	EE +2+ (Family)
Delta Care DMO	\$20.31	\$36.55	\$54.08

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

Vision Service Plan (VSP)	Rates Effective		
	01/01/15	through	12/31/16
	EO	EE +1	EE +2+
	\$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
Difference	\$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 Basic Coverage	\$0.111	\$0.019
ING/ReliaStar Supplemental 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