

**CITY OF SUNNYVALE
2016 HEALTH PREMIUM RATES
---MONTHLY---**

Effective

January 1, 2016

Updated: 10/29/2015

MEDICAL RATES – CalPERS Bay Area Region

Medical Plan	Rates Effective		through			
	01/01/16		12/31/16			
	EO	Plan Code	EE +1	Plan Code	EE +2+ (Family)	Plan Code
Anthem Select HMO	\$721.79	4541	\$1,443.58	4542	\$1,876.65	4543
Anthem Traditional HMO	\$855.42	4501	\$1,710.84	4502	\$2,224.09	4503
Blue Shield Access+ HMO	\$1,016.18	1021	\$2,032.36	1022	\$2,642.07	1023
Blue Shield Net Value HMO	\$1,033.86	1241	\$2,067.72	1242	\$2,688.04	1243
Kaiser CA HMO	\$746.47	1041	\$1,492.94	1042	\$1,940.82	1043
United Health Care HMO	\$955.44	4271	\$1,910.88	4272	\$2,484.14	4273
Health Net SmartCare HMO	\$808.44		\$1,616.88		\$2,101.94	
PERS Choice PPO	\$798.36	1061	\$1,596.72	1062	\$2,075.74	1063
PERS Select PPO	\$730.07	1261	\$1,460.14	1262	\$1,898.18	1263
PERS Care PPO	\$889.27	1221	\$1,778.54	1222	\$2,312.10	1223
PORAC PPO	\$699.00	2071	\$1,399.00	2072	\$1,789.00	2073

DENTAL PLANS

PPO DENTAL RATES	Rates Effective		through	
	01/01/16		12/31/16	
	EO	EE +1	EE +2+ (Family)	
Delta Preferred PPO	\$42.80	\$80.80	\$134.00	

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	\$60.60	\$112.70	\$178.90
Difference	\$17.80	\$31.90	\$44.90

DMO DENTAL RATES	EO	EE +1	EE +2+ (Family)
Delta Care DMO	\$21.34	\$38.40	\$56.81

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		through	
	01/01/15		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 06/30/18

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