

**CITY OF SUNNYVALE  
2020 HEALTH PREMIUM RATES  
---MONTHLY---**

Effective January 1, 2020  
Updated: 10/30/2019

**MEDICAL RATES – CalPERS Region 1** Rates Effective 01/01/20 through 12/31/20

Medical Plan	EO	EE +1	EE +2+ (Family)
Anthem Select HMO *	\$868.98	\$1,737.96	\$2,259.35
Anthem Traditional HMO	\$1,184.84	\$2,369.68	\$3,080.58
Blue Shield Access+ HMO *	\$1,127.77	\$2,255.54	\$2,932.20
Health Net SmartCare HMO	\$1,000.52	\$2,001.04	\$2,601.35
Kaiser HMO	\$768.49	\$1,536.98	\$1,998.07
PERS Choice PPO	\$861.18	\$1,722.36	\$2,239.07
PERS Select PPO	\$520.29	\$1,040.58	\$1,352.75
PERS Care PPO	\$1,133.14	\$2,266.28	\$2,946.16
PORAC PPO	\$774.00	\$1,699.00	\$2,199.00

\* Plans have limited availabilities in Bay Area counties

**DENTAL PLANS** Rates Effective 01/01/20 through 12/31/20

PPO DENTAL RATES	EO	EE +1	EE +2+ (Family)
Delta Preferred PPO	\$40.20	\$75.90	\$126.00

**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	\$56.90	\$105.90	\$168.10
<b>Difference</b>	\$16.70	\$30.00	\$42.10

**DMO DENTAL RATES** Rates Effective 01/01/20 through 12/31/20

DMO DENTAL RATES	EO	EE +1	EE +2+ (Family)
Delta Care DMO	\$23.32	\$41.96	\$62.08

**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-2015-2020 COA-2018-2021

**VISION RATES** Rates Effective 01/01/15 through 12/31/20

	EO	EE +1	EE +2+ (Family)
Vision Service Plan (VSP)	\$7.60	\$11.80	\$17.60
			<b>SEA/SEIU</b>
			\$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
<b>Difference</b>	\$2.00	\$3.20	\$4.80

**Life/AD&D INSURANCE** Rates Effective 07/01/17 through 06/30/20

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

	Life	AD&D
ING/ReliaStar <b>Basic</b> Coverage	\$0.099	\$0.017
ING/ReliaStar <b>Supplemental</b> Coverage	\$0.178	\$0.018

**Employees Assistance Plan (EAP)** Rate Effective 07/01/18 through 06/30/23  
\$5.17 per month per employee.

**Long-Term Disability Insurance (LTD)** Rates Effective 07/01/17 through 06/30/20

\$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

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