



2017 CalPERS HMO Plans

Plan and Coverage Level	Bay Area Region	City Contribution	Employee Out of Pocket Monthly Expense
Anthem HMO Select			
Employee Only	\$783.46	\$787.69	\$0.00
Employee + 1 Dependent	\$1,566.92	\$1,526.53	\$40.39
Employee + Family	\$2,037.00	\$1,984.50	\$52.50
Anthem HMO Traditional			
Employee Only	\$990.05	\$787.69	\$202.36
Employee + 1 Dependent	\$1,980.10	\$1,526.53	\$453.57
Employee + Family	\$2,574.13	\$1,984.50	\$589.63
Blue Shield Access+ HMO			
Employee Only	\$1,024.85	\$787.69	\$237.16
Employee + 1 Dependent	\$2,049.70	\$1,526.53	\$523.17
Employee + Family	\$2,664.61	\$1,984.50	\$680.11
Health Net SmartCare			
Employee Only	\$733.29	\$787.69	\$0.00
Employee + 1 Dependent	\$1,466.58	\$1,526.53	\$0.00
Employee + Family	\$1,906.55	\$1,984.50	\$0.00
Kaiser Permanente HMO			
Employee Only	\$733.39	\$787.69	\$0.00
Employee + 1 Dependent	\$1,466.78	\$1,526.53	\$0.00
Employee + Family	\$1,906.81	\$1,984.50	\$0.00
United Healthcare HMO			
Employee Only	\$1,062.26	\$787.69	\$274.57
Employee + 1 Dependent	\$2,124.52	\$1,526.53	\$597.99
Employee + Family	\$2,761.88	\$1,984.50	\$777.38

2017 CalPERS PPO Plans

Plan and Coverage Level	Bay Area Region	City Contribution	Employee Out of Pocket Monthly Expense
PERS Choice PPO			
Employee Only	\$830.30	\$787.69	\$42.61
Employee + 1 Dependent	\$1,660.60	\$1,526.53	\$134.07
Employee + Family	\$2,158.78	\$1,984.50	\$174.28
PERS Select PPO			
Employee Only	\$736.27	\$787.69	\$0.00
Employee + 1 Dependent	\$1,472.54	\$1,526.53	\$0.00
Employee + Family	\$1,914.30	\$1,984.50	\$0.00
PERSCare PPO			
Employee Only	\$932.39	\$787.69	\$144.70
Employee + 1 Dependent	\$1,864.78	\$1,526.53	\$338.25
Employee + Family	\$2,424.21	\$1,984.50	\$439.71
PORAC – PPO (Open to PORAC members only)			
Employee Only	\$699.00	\$787.69	\$0.00
Employee + 1 Dependent	\$1,467.00	\$1,526.53	\$0.00
Employee + Family	\$1,876.00	\$1,984.50	\$0.00



2017 Delta Dental Plan

The City offers a Self-Funded Dental Plan through the **Delta Dental PPO network**.

Bargaining Unit	City Contribution	Employee Cost
Class 1: Police Officers & WWTP	\$119.00	\$0
Class 2: Battalion Chiefs	\$119.00	\$0
Class 2: Firefighters	\$112.00	\$0
Class 3: PPSA, PPMA	\$119.00	\$0
Class 4: Directors, Managers, & Confidential / Unrep	\$119.00	\$0
Class 5: Misc. 856	\$119.00	\$0

2017 VSP Vision Plan

This plan allows you to improve your health through a routine eye exam, as well as save money on all your eye care needs. The plan is available through thousands of provider locations participating in the **VSP network**.

Vision Coverage Level	City Contribution	Employee Cost
Unrep, Mgmt 350, Battalion Chiefs, Misc 856, Police, PPMA, PPSA, & WWTP		
Employee Only	\$18.29	\$0
Employee + 1 Dependent	\$26.52	\$0
Employee + Family	\$47.56	\$0
Firefighters		
Employee Only	Cafeteria Plan	\$17.90
Employee + 1 Dependent	Cafeteria Plan	\$25.95
Employee + Family	Cafeteria Plan	\$46.54

2017 Firefighters Cafeteria Plan

The City will place \$1200.00 per month in a cafeteria plan for health insurance coverage for employees, or employees with dependents. Any unused health insurance portion of the cafeteria plan contribution will be returned to the cafeteria plan for other health related expenses. The City will continue to contribute the PERS mandated City contribution for administrative costs associated with the PERS Health Plan.

The PERS mandated contribution for 2017 is \$128.00

Please see premium rates above.

Teamsters Local Union No. 856

Plan and Coverage Level	Teamsters Plan	City Contribution	Employee Out of Pocket Monthly Expense
Medical, Dental, and Vision			
Employee Only	\$1,139.00	\$950.69	\$188.31
Employee + 1 Dependent	\$1,730.00	\$1,689.53	\$40.47
Employee + Family	\$2,220.00	\$2,147.50	\$72.50

For those employees eligible to enroll in Teamsters Local Union No. 856 Health and Welfare Fund, for more information please contact:

Northwest Administrators, Inc. (NWA)
Customer Service 1-800-297-4595