

**SAN BENITO COUNTY EMPLOYEE and RETIREE HEALTH RATES 2016\***

All employees except DSA

**CALPERS HEALTH PLANS**

NAME OF PERS SPONSORED HEALTH PLAN	COVERAGE	2016 MONTHLY GROSS PREMIUM	COUNTY CONTRIBUTION	EMPLOYEE CONTRIBUTION (Monthly)	PER PAY PERIOD (Bi-monthly)
PERS CHOICE (PPO)	E Only	\$795.57	\$550.00	\$245.57	\$122.79
	E+1	\$1,591.14	\$1,050.00	\$541.14	\$270.57
	Family	\$2,068.48	\$1,315.00	\$753.48	\$376.74
PERS SELECT (PPO)	E Only	\$727.47	\$550.00	\$177.47	\$88.74
	E+1	\$1,454.94	\$1,050.00	\$404.94	\$202.47
	Family	\$1,891.42	\$1,315.00	\$576.42	\$288.21
PERS CARE (PPO)	E Only	\$886.15	\$550.00	\$336.15	\$168.08
	E+1	\$1,772.30	\$1,050.00	\$722.30	\$361.15
	Family	\$2,303.99	\$1,315.00	\$988.99	\$494.50
ANTHEM TRADITIONAL (HMO)	E Only	\$964.91	\$550.00	\$414.91	\$207.46
	E+1	\$1,929.82	\$1,050.00	\$879.82	\$439.91
	Family	\$2,508.77	\$1,315.00	\$1,193.77	\$596.89
PORAC Institutions Association Employees Only	E Only	\$699.00	\$550.00	\$149.00	\$74.50
	E+1	\$1,399.00	\$1,050.00	\$349.00	\$174.50
	Family	\$1,789.00	\$1,315.00	\$474.00	\$237.00
KAISER PERMANENTE (HMO) ** HMO AVAILABLE TO BAY AREA RESIDENTS ONLY Premiums are Bay Area Rates	E Only	\$746.47	\$550.00	\$196.47	\$98.24
	E+1	\$1,492.94	\$1,050.00	\$442.94	\$221.47
	Family	\$1,940.82	\$1,315.00	\$625.82	\$312.91
BLUE SHIELD ACCESS+* (BAY AREA RESIDENTS) Premiums are Bay Area Rates	E Only	\$1,016.18	\$550.00	\$466.18	\$233.09
	E+1	\$2,032.36	\$1,050.00	\$982.36	\$491.18
	Family	\$2,642.07	\$1,315.00	\$1,327.07	\$663.54
UNITED HEALTHCARE BAY AREA ** Premiums are Bay Area Rates	E Only	\$955.44	\$550.00	\$405.44	\$202.72
	E+1	\$1,910.88	\$1,050.00	\$860.88	\$430.44
	Family	\$2,484.14	\$1,315.00	\$1,169.14	\$584.57
BLUE SHIELD NET VALUE (HMO)** (BAY AREA RESIDENTS) Premiums are Bay Area Rates	E Only	\$1,033.86	\$550.00	\$483.86	\$241.93
	E+1	\$2,067.72	\$1,050.00	\$1,017.72	\$508.86
	Family	\$2,688.04	\$1,315.00	\$1,373.04	\$686.52

To view all other CalPERS medical plans/rates, please visit: [www.calpers.ca.gov](http://www.calpers.ca.gov)

Insurance Stipend = \$150 per month or \$69.23/bi-weekly

The insurance stipend is paid for non-enrollment of medical insurance only.

Employees on stipend may still enroll in dental and vision plans.

\*\* Eligible in only certain areas.

Rates are dependent on region and/or residence address.

DELTA DENTAL	COVERAGE	MONTHLY PREMIUM AMOUNT	County Contribution	Employee Monthly Contribution	Contribution Per Pay Period
Annual max to \$1500 Orthodontia coverage Deductible waived in-network	E Only	\$45.90	\$30.00	\$15.90	\$7.95
	E+1	\$78.70	\$30.00	\$48.70	\$24.35
	FAMILY	\$128.50	\$30.00	\$98.50	\$49.25

MES VISION	COVERAGE	MONTHLY PREMIUM AMOUNT	County Contribution	Employee Monthly Contribution	Contribution Per Pay Period	
12 - 24 - 24 \$10 COPAY VISITS \$25 COPAY LENSES \$100 FRAME ALLOWANCE	E Only	\$5.35	\$5.35	\$0.00	\$0.00	
	E+1	\$10.70	\$5.35	\$5.35	\$2.68	
	FAMILY		\$13.80	\$5.35	\$8.45	\$4.23

**MEDICARE RATES**

MEDICARE PLANS (All Areas) PERS SPONSORED HEALTH PLAN	PLAN CODE	COVERAGE	2016 MONTHLY GROSS PREMIUM	Employee Monthly Contribution	Retiree Contribution (monthly)
PERS Choice Med Supp		E Only	\$366.38	\$366.38	\$0.00
		E+1	\$732.76	\$732.76	\$0.00
		Family	\$1,099.14	\$1,099.14	\$0.00
PERS Select Med Supp		E Only	\$366.38	\$366.38	\$0.00
		E+1	\$732.76	\$732.76	\$0.00
		Family	\$1,099.14	\$1,099.14	\$0.00
PERS Care Med Supp		E Only	\$408.04	\$408.04	\$0.00
		E+1	\$816.08	\$816.08	\$0.00
		Family	\$1,224.12	\$1,224.12	\$0.00
Kaiser CA		E Only	\$297.23	\$297.23	\$0.00
		E+1	\$594.46	\$594.46	\$0.00
		Family	\$891.69	\$891.69	\$0.00
PORAC Med Supp Institutions Association Employees Only		E Only	\$422.00	\$422.00	\$0.00
		E+1	\$881.00	\$881.00	\$0.00
		Family	\$1,408.00	\$1,315.00	\$93.00
United Healthcare		E Only	\$320.98	\$320.98	\$0.00
		E+1	\$641.96	\$641.96	\$0.00
		Family	\$962.94	\$962.94	\$0.00