

2017 RATES:

Premiums: Employer contributions are calculated based on the CalPERS premiums of the established base plan. If you live in a zip code not assigned to this region your premiums will be adjusted to reflect the CalPERS premium for the zip code you live in as assigned by CalPERS.

PPO (PREFERRED PROVIDER ORGANIZATION) RATES:

	REGION	CODE	LEVEL	EE PAYS	CTY PAYS
PERSChoice	Bay Area	1061	EE Only	83.03	776.93
		1062	2 Party	498.18	1,194.66
		1063	Family	647.63	1,544.93
	Northern	3221	EE Only	73.11	776.90
		3222	2 Party	478.34	1,194.60
		3223	Family	621.84	1,544.85
	Sac	1051	EE Only	0.00	752.80
		1052	2 Party	284.52	1,194.00
		1053	Family	369.87	1,544.07
PORAC		2071	EE Only	0.00	728.26
		2072	2 Party	304.58	1,194.06
		2073	Family	364.85	1,544.06

	REGION	CODE	LEVEL	EE PAYS	CTY PAYS
PERS Select	Bay Area	1261	EE Only	0.00	765.64
		1262	2 Party	310.12	1,194.07
		1263	Family	403.15	1,544.17
	Northern	531	EE Only	0.00	756.80
		532	2 Party	292.48	1,194.02
		533	Family	380.22	1,544.10
	Sac	1251	EE Only	0.00	670.55
		1252	2 Party	120.52	1,193.49
		1253	Family	156.67	1,543.41

	REGION	CODE	LEVEL	EE PAYS	CTY PAYS
PERSCare	Bay Area	1221	EE Only	185.12	777.25
		1222	2 Party	702.36	1,195.29
		1223	Family	913.06	1,545.76
	Northern	3271	EE Only	173.97	777.22
		3272	2 Party	680.06	1,195.22
		3273	Family	884.07	1,545.67
	Sac	1211	EE Only	65.13	776.88
		1212	2 Party	462.38	1,194.55
		1213	Family	601.09	1,544.79

For PPO Plans Only:

You may qualify for the Northern rates by using the Employer Zip Code of 95901. If the Employer Zip Code provides you with a better rate the County will use the Employer Zip Code unless you notify Human Resources in writing that you would prefer the more expensive region based on your residential zip code/ county.

HMO (HEALTH MAINTENANCE ORGANIZATION) RATES:

	REGION	CODE	LEVEL	EE PAYS	CTY PAYS
Blue Shield Access+	Bay Area	1021	EE Only	277.58	777.54
		1022	2 Party	887.28	1,195.86
		1023	Family	1,153.46	1,546.50
	Northern	3031	EE Only	207.24	777.32
		3032	2 Party	746.60	1,195.43
		3033	Family	970.58	1,545.93
	Sac	1011	EE Only	112.15	777.02
		1012	2 Party	556.42	1,194.84
		1013	Family	723.34	1,545.17
Kaiser	Bay Area	1041	EE Only	0.00	762.75
		1042	2 Party	304.36	1,194.06
		1043	Family	395.66	1,544.15
	Northern	3071	EE Only	0.00	763.36
		3072	2 Party	305.56	1,194.06
		3073	Family	397.22	1,544.16
	Sac	1031	EE Only	0.00	719.79
		1032	2 Party	218.70	1,193.79
		1033	Family	284.31	1,543.81
United Healthcare	Bay Area	4261	EE Only	314.99	777.65
		4262	2 Party	962.10	1,196.10
		4263	Family	1,250.73	1,546.80
	Northern	4301	EE Only	135.08	777.10
		4302	2 Party	602.28	1,194.98
		4303	Family	782.96	1,545.35
	Sac	4241	EE Only	9.51	776.71
		4242	2 Party	351.14	1,194.20
		4243	Family	456.48	1,544.34

	REGION	CODE	LEVEL	EE PAYS	CTY PAYS
Anthem Blue + HMO Select	Bay Area	4541	EE Only	36.19	776.79
		4542	2 Party	404.50	1,194.37
		4543	Family	525.85	1,544.55
	Northern	4701	EE Only	144.86	777.13
		4702	2 Party	621.84	1,195.04
		4703	Family	808.39	1,545.43
	Sac	4461	EE Only	159.81	777.17
		4462	2 Party	651.74	1,195.13
		4463	Family	847.26	1,545.55
Anthem Blue + HMO Traditional	Bay Area	4501	EE Only	242.78	777.43
		4502	2 Party	817.68	1,195.65
		4503	Family	1,062.98	1,546.22
	Northern	4661	EE Only	422.60	777.99
		4662	2 Party	1,177.32	1,196.76
		4663	Family	1,530.51	1,547.67
	Sac	4421	EE Only	539.14	778.35
		4422	2 Party	1,410.40	1,197.49
		4423	Family	1,833.52	1,548.61
Health Net SmartCare	Bay Area	3751	EE Only	0.00	762.65
		3752	2 Party	304.16	1,194.06
		3753	Family	395.40	1,544.15
	Sac	3761	EE Only	0.00	701.84
		3762	2 Party	182.90	1,193.68
		3763	Family	237.77	1,543.66

EPO (EXCLUSIVE PROVIDER ORGANIZATION) RATES:

(Very limited coverage area)

	REGION	CODE	LEVEL	EE PAYS	PAYS
Blue Shield	Northern	4821	EE Only	207.24	777.32
		4822	2 Party	746.60	1,195.43
		4823	Family	970.58	1,545.93

DENTAL/VISION PLAN RATES:

BASE	REGION	CODE	LEVEL	EE PAYS	PAYS	
	1001-10	EE Only		0.00	51.72	
			1002-11	2 Party	18.75	74.99
			1003-12	Family	30.64	122.57
BUY-UP	2000-10	EE Only		4.40	51.72	
			2001-11	2 Party	26.65	74.99
			2002-12	Family	44.14	122.57

WAIVER AMOUNTS:

(HEALTH PLAN BENEFITS

DECLINED / REQUEST FOR IN LIEU				
OTHER (0):				\$150
DDAA				\$200
YCEA, NON-REP (8,10, 11) PPOA, DSA, MSA:				\$250