

2016-2017 School Year**Management Group****District Contribution Revised: May 1, 2017**

CalPERS Health Premium Rates (Based on 1.00 FTE)

Effective: January 1, 2017

Health Plans	CalPERS Monthly Premium	CalPERS Yearly Premium	Yearly District Contribution	Employee Yearly Cost	Monthly Deduction Deduction
<u>Anthem HMO Select</u>					
Single	\$783.46	\$9,401.52	\$7,394.00	\$2,007.52	\$200.75
Two-Party	\$1,566.92	\$18,803.04	\$13,730.00	\$5,073.04	\$507.30
Family	\$2,037.00	\$24,444.00	\$17,848.00	\$6,596.00	\$659.60
<u>Anthem HMO Traditional</u>					
Single	\$990.05	\$11,880.60	\$7,394.00	\$4,486.60	\$448.66
Two-Party	\$1,980.10	\$23,761.20	\$13,730.00	\$10,031.20	\$1,003.12
Family	\$2,574.13	\$30,889.56	\$17,848.00	\$13,041.56	\$1,304.16
<u>BSC Access+</u>					
Single	\$1,024.85	\$12,298.20	\$7,394.00	\$4,904.20	\$490.42
Two-Party	\$2,049.70	\$24,596.40	\$13,730.00	\$10,866.40	\$1,086.64
Family	\$2,664.61	\$31,975.32	\$17,848.00	\$14,127.32	\$1,412.73
<u>HealthNet SmartCare</u>					
Single	\$733.29	\$8,799.48	\$7,394.00	\$1,405.48	\$140.55
Two-Party	\$1,466.58	\$17,598.96	\$13,730.00	\$3,868.96	\$386.90
Family	\$1,906.55	\$22,878.60	\$17,848.00	\$5,030.60	\$503.06
<u>Kaiser Permanente</u>					
Single	\$733.39	\$8,800.68	\$7,394.00	\$1,406.68	\$140.67
Two-Party	\$1,466.78	\$17,601.36	\$13,730.00	\$3,871.36	\$387.14
Family	\$1,906.81	\$22,881.72	\$17,848.00	\$5,033.72	\$503.37
<u>PERS Choice</u>					
Single	\$830.30	\$9,963.60	\$7,394.00	\$2,569.60	\$256.96
Two-Party	\$1,660.60	\$19,927.20	\$13,730.00	\$6,197.20	\$619.72
Family	\$2,158.78	\$25,905.36	\$17,848.00	\$8,057.36	\$805.74
<u>PERS Select</u>					
Single	\$736.27	\$8,835.24	\$7,394.00	\$1,441.24	\$144.12
Two-Party	\$1,472.54	\$17,670.48	\$13,730.00	\$3,940.48	\$394.05
Family	\$1,914.30	\$22,971.60	\$17,848.00	\$5,123.60	\$512.36
<u>PERSCare</u>					
Single	\$932.39	\$11,188.68	\$7,394.00	\$3,794.68	\$379.47
Two-Party	\$1,864.78	\$22,377.36	\$13,730.00	\$8,647.36	\$864.74
Family	\$2,424.21	\$29,090.52	\$17,848.00	\$11,242.52	\$1,124.25
<u>PORAC (Police)</u>					
Single	\$699.00	\$8,388.00	\$7,394.00	\$994.00	\$99.40
Two-Party	\$1,467.00	\$17,604.00	\$13,730.00	\$3,874.00	\$387.40
Family	\$1,876.00	\$22,512.00	\$17,848.00	\$4,664.00	\$466.40
<u>UnitedHealthCare</u>					
Single	\$1,062.26	\$12,747.12	\$7,394.00	\$5,353.12	\$535.31
Two-Party	\$2,124.52	\$25,494.24	\$13,730.00	\$11,764.24	\$1,176.42
Family	\$2,761.88	\$33,142.56	\$17,848.00	\$15,294.56	\$1,529.46

May 2, 2017