



## Health Care Plan Options and Costs 2017

The District contribution toward your annual benefits is a maximum of \$10,832 for employee only, \$20,128 for employee +1, or \$25,706 for employee +2 or more to be used toward Medical, Dental, and Vision (VSP) coverage. The numbers below reflect your out-of-pocket costs **after** the District contribution has been applied.

	Annual District Contribution (Cap)	DeltaCare HMO		DeltaCare HMO & VSP		Delta PPO		Delta PPO & VSP	
		Annual EE Cost	Monthly EE Cost	Annual EE Cost	Monthly EE Cost	Annual EE Cost	Monthly EE Cost	Annual EE Cost	Monthly EE Cost
<b>Anthem Select HMO</b>									
Employee Only	\$10,832	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$20,128	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$99.68	\$8.31
Employee + 2 or More	\$25,706	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$162.64	\$13.55
<b>Anthem Traditional HMO</b>									
Employee Only	\$10,832	\$1,730.68	\$144.22	\$1,903.72	\$158.64	\$2,300.20	\$191.68	\$2,473.24	\$206.10
Employee + 1	\$20,128	\$4,315.28	\$359.61	\$4,488.32	\$374.03	\$4,884.80	\$407.07	\$5,057.84	\$421.49
Employee + 2 or More	\$25,706	\$5,865.64	\$488.80	\$6,038.68	\$503.22	\$6,435.16	\$536.26	\$6,608.20	\$550.68
<b>Blue Shield Access+ HMO</b>									
Employee Only	\$10,832	\$2,148.28	\$179.02	\$2,321.32	\$193.44	\$2,717.80	\$226.48	\$2,890.84	\$240.90
Employee + 1	\$20,128	\$5,150.48	\$429.21	\$5,323.52	\$443.63	\$5,720.00	\$476.67	\$5,893.04	\$491.09
Employee + 2 or More	\$25,706	\$6,951.40	\$579.28	\$7,124.44	\$593.70	\$7,520.92	\$626.74	\$7,693.96	\$641.16
<b>HealthNet SmartCare</b>									
Employee Only	\$10,832	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$20,128	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$25,706	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Kaiser HMO</b>									
Employee Only	\$10,832	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$20,128	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$25,706	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>United Healthcare HMO</b>									
Employee Only	\$10,832	\$2,597.20	\$216.43	\$2,770.24	\$230.85	\$3,166.72	\$263.89	\$3,339.76	\$278.31
Employee + 1	\$20,128	\$6,048.32	\$504.03	\$6,221.36	\$518.45	\$6,617.84	\$551.49	\$6,790.88	\$565.91
Employee + 2 or More	\$25,706	\$8,118.64	\$676.55	\$8,291.68	\$690.97	\$8,688.16	\$724.01	\$8,861.20	\$738.43
<b>PERS Select PPO</b>									
Employee Only	\$10,832	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$20,128	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$25,706	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>PERS Choice PPO</b>									
Employee Only	\$10,832	\$0.00	\$0.00	\$0.00	\$0.00	\$383.20	\$31.93	\$556.24	\$46.35
Employee + 1	\$20,128	\$481.28	\$40.11	\$654.32	\$54.53	\$1,050.80	\$87.57	\$1,223.84	\$101.99
Employee + 2 or More	\$25,706	\$0.00	\$0.00	\$1,054.48	\$87.87	\$1,450.96	\$120.91	\$1,624.00	\$135.33
<b>PERSCare PPO</b>									
Employee Only	\$10,832	\$1,038.76	\$86.56	\$1,211.80	\$100.98	\$1,608.28	\$134.02	\$1,781.32	\$148.44
Employee + 1	\$20,128	\$2,931.44	\$244.29	\$3,104.48	\$258.71	\$3,500.96	\$291.75	\$3,674.00	\$306.17
Employee + 2 or More	\$25,706	\$4,066.60	\$338.88	\$4,239.64	\$353.30	\$4,636.12	\$386.34	\$4,809.16	\$400.76
<b>PORAC PPO (Association Plan)</b>									
Employee Only	\$10,832	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$20,128	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$25,706	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Please note that the calculations are based on 12 pay periods. For any other pay schedules, simply take the Annual EE Cost and divide it by the number of applicable pay periods. If you reside outside of the Bay Area or are a percentage employee, please contact Human Resources to determine what your contribution will be.