2016 HEALTH PREMIUMS
EFFECTIVE 1/1/16

ER = EMPLOYER; EE = EMPLOYEE								EMPLOYEE DEDUCTIONS	
PREMIUMS	LEVEL OF PARTICIPATION	ER ONLY PR CODE	EE & ER PR CODE	2016 RATES	CHANGE (%)	CHANGE (AMOUNT)	TOWN BENEFITS	1ST PAYCHECK OF MONTH	2ND PAYCHECK OF MONTH
KAISER	EMPLOYEE ONLY	4000	4001	$ 746.47	4.48%	$ 32.02	**$ 746.47**	-	-
	EMPLOYEE & 1 DEPENDENT	4005	4006	$ 1,492.94	4.48%	$ 64.04	**$ 1,418.29**	$ 37.32	$ 37.32
	EMPLOYEE & 2+ DEPENDENTS	4010	4011	$ 1,940.82	4.48%	$ 83.25	**$ 1,821.39**	$ 59.71	$ 59.71
ANTHEM HMO SELECT	EMPLOYEE ONLY	4072	4073	$ 721.79	8.96%	$ 59.38	**$ 721.79**	-	-
	EMPLOYEE & 1 DEPENDENT	4074	4075	$ 1,443.58	8.96%	$ 118.76	**$ 1,418.29**	$ 12.64	$ 12.64
	EMPLOYEE & 2+ DEPENDENTS	4076	4077	$ 1,876.65	8.96%	$ 154.38	**$ 1,821.39**	$ 27.63	$ 27.63
ANTHEM HMO TRADITIONAL	EMPLOYEE ONLY	4098	4099	$ 855.42	3.37%	$ 27.85	**$ 746.47**	$ 54.47	$ 54.47
	EMPLOYEE & 1 DEPENDENT	4100	4101	$ 1,710.84	3.37%	$ 55.70	**$ 1,418.29**	$ 146.27	$ 146.27
	EMPLOYEE & 2+ DEPENDENTS	4102	4103	$ 2,224.09	3.37%	$ 72.41	**$ 1,821.39**	$ 201.35	$ 201.35
BLUE SHIELD ACCESS	EMPLOYEE ONLY	4045	4046	$ 1,016.18	9.40%	$ 87.31	**$ 746.47**	$ 134.85	$ 134.85
	EMPLOYEE & 1 DEPENDENT	4050	4051	$ 2,032.36	9.40%	$ 174.62	**$ 1,418.29**	$ 307.03	$ 307.03
	EMPLOYEE & 2+ DEPENDENTS	4055	4056	$ 2,642.07	9.40%	$ 227.01	**$ 1,821.39**	$ 410.34	$ 410.34
BLUE SHIELD NETVALUE	EMPLOYEE ONLY	4080	4081	$ 1,033.86	18.75%	$ 163.26	**$ 746.47**	$ 143.69	$ 143.69
	EMPLOYEE & 1 DEPENDENT	4083	4084	$ 2,067.72	18.75%	$ 326.52	**$ 1,418.29**	$ 324.71	$ 324.71
	EMPLOYEE & 2+ DEPENDENTS	4086	4087	$ 2,688.04	18.75%	$ 424.48	**$ 1,821.39**	$ 433.32	$ 433.32
PERS CHOICE	EMPLOYEE ONLY	4030	4031	$ 798.36	13.91%	$ 97.52	**$ 746.47**	$ 25.94	$ 25.94
	EMPLOYEE & 1 DEPENDENT	4035	4036	$ 1,596.72	13.91%	$ 195.04	**$ 1,418.29**	$ 89.21	$ 89.21
	EMPLOYEE & 2+ DEPENDENTS	4040	4041	$ 2,075.74	13.92%	$ 253.56	**$ 1,821.39**	$ 127.17	$ 127.17
PERS SELECT	EMPLOYEE ONLY	4090	4091	$ 730.07	5.74%	$ 39.64	**$ 730.07**	-	-
	EMPLOYEE & 1 DEPENDENT	4093	4094	$ 1,460.14	5.74%	$ 79.28	**$ 1,418.29**	$ 20.92	$ 20.92
	EMPLOYEE & 2+ DEPENDENTS	4096	4097	$ 1,898.18	5.74%	$ 103.06	**$ 1,821.39**	$ 38.39	$ 38.39
PERSCare	EMPLOYEE ONLY	4015	4016	$ 889.27	14.73%	$ 114.19	**$ 746.47**	$ 71.40	$ 71.40
	EMPLOYEE & 1 DEPENDENT	4020	4021	$ 1,778.54	14.73%	$ 228.38	**$ 1,418.29**	$ 180.12	$ 180.12
	EMPLOYEE & 2+ DEPENDENTS	4025	4026	$ 2,312.10	14.73%	$ 296.89	**$ 1,821.39**	$ 245.35	$ 245.35

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PREMIUMS	LEVEL OF PARTICIPATION	ER ONLY PR CODE	EE & ER PR CODE	2016 RATES	CHANGE (%)	CHANGE (AMOUNT)	TOWN BENEFITS	1ST PAYCHECK OF MONTH	2ND PAYCHECK OF MONTH
PORAC	EMPLOYEE ONLY	4060	4061	$ 699.00	3.56%	$ 24.00	**$ 699.00**	-	-
	EMPLOYEE & 1 DEPENDENT	4065	4066	$ 1,399.00	8.28%	$ 107.00	**$ 1,399.00**	-	-
	EMPLOYEE & 2+ DEPENDENTS	4070	4071	$ 1,789.00	8.95%	$ 147.00	**$ 1,789.00**	-	-
UNITED HEALTHCARE	EMPLOYEE ONLY	4104	4105	$ 955.44	12.32%	$ 104.77	**$ 746.47**	$ 104.48	$ 104.48
	EMPLOYEE & 1 DEPENDENT	4106	4107	$ 1,910.88	12.32%	$ 209.54	**$ 1,418.29**	$ 246.29	$ 246.29
	EMPLOYEE & 2+ DEPENDENTS	4108	4109	$ 2,484.14	12.32%	$ 272.40	**$ 1,821.39**	$ 331.37	$ 331.37
VSP	EMPLOYEE ONLY	6500	6500	10.64	3%	0.31	**$ 10.64**	-	
	EMPLOYEE & 1 DEPENDENT	6500	6505	15.25	3%	0.44	**$ 10.64**	$ 4.61	
	EMPLOYEE & 2+ DEPENDENTS	6500	6510	27.44	3%	0.80	**$ 10.64**	$ 16.80	
DELTA DENTAL	DELTACARE HMO	6000	6005	$ 44.66	0%	-	**$ 44.66**	-	-
	DELTA PPO	6200	6205	$ 139.80	0%	-	**$ 124.80**	$ 15.00	-

Employer Share For Retirees Medical Insurance			
	Single	**Double**	**Family**
2015 rate	$714.45	$1,143.45	$1,247.16
Max $100 increase		$100.00	$100.00
2016 Rate	**$746.47**	**$1,243.45**	**$1,347.16**
Town % of Kaiser	100%	64%	69.41%