HEALTH BENEFIT RATES 2016 - 7/1/16

TEAMSTERS

SECTION 125 CAFETERIA PLAN (NON-CASH OUT)

Anthem Medical Premier HMO 15/100 **(HIGH HMO)**			
TIER	**Anthem PREMIUM**	**CITY CONTRIBUTION**	***BALANCE**
Emp Only	**$ 506.28**	$ 1,120.00	$ (613.72)
Emp + Spouse	**$ 1,113.83**	$ 1,120.00	$ (6.17)
Emp + Child(ren)	**$ 911.31**	$ 1,120.00	$ (208.69)
Emp + Family	**$ 1,569.48**	$ 1,520.02	$ 49.46

Anthem Medical Classic HMO 20/40/250A **(MEDIUM HMO)**			
TIER	**Anthem PREMIUM**	**CITY CONTRIBUTION**	***BALANCE**
Emp Only	**$ 493.07**	$ 1,120.00	$ (626.93)
Emp + Spouse	**$ 1,084.74**	$ 1,120.00	$ (35.26)
Emp + Child(ren)	**$ 887.53**	$ 1,120.00	$ (232.47)
Emp + Family	**$ 1,528.50**	$ 1,520.02	$ 8.48

Anthem Value HMO 30/40/500 **(LOW HMO)**			
TIER	**Anthem PREMIUM**	**CITY CONTRIBUTION**	***BALANCE**
Emp Only	**$ 472.05**	$ 1,120.00	$ (647.95)
Emp + Spouse	**$ 1,038.50**	$ 1,120.00	$ (81.50)
Emp + Child(ren)	**$ 849.69**	$ 1,120.00	$ (270.31)
Emp + Family*	**$ 1,462.77**	$ 1,520.02	$ (57.25)

***For those enrolled in the Low HMO (E+Fam), the remaining balance must be used towards dental and vision premiums only.**

Anthem Premier PPO 250/15/10 **(High PPO)**			
TIER	**Anthem PREMIUM**	**CITY CONTRIBUTION**	***BALANCE**
Emp Only	**$ 737.87**	$ 1,120.00	$ (382.13)
Emp + Spouse	**$ 1,623.30**	$ 1,120.00	$ 503.30
Emp + Child(ren)	**$ 1,328.16**	$ 1,120.00	$ 208.16
Emp + Family	**$ 2,287.38**	$ 1,520.02	$ 767.36

Anthem Classic PPO 250/20/10 **(Medium PPO)**			
TIER	**Anthem PREMIUM**	**CITY CONTRIBUTION**	***BALANCE**
Emp Only	**$ 709.01**	$ 1,120.00	$ (410.99)
Emp + Spouse	**$ 1,559.82**	$ 1,120.00	$ 439.82
Emp + Child(ren)	**$ 1,276.22**	$ 1,120.00	$ 156.22
Emp + Family	**$ 2,197.92**	$ 1,520.02	$ 677.90

Anthem Lumenos 1500/3000 HDHP/HSA **(Low PPO)****			
TIER	**Anthem PREMIUM**	**CITY CONTRIBUTION**	***BALANCE**
Emp Only	**$ 511.41**	$ 870.00	$ (358.59)
Emp + Spouse	**$ 1,125.11**	$ 870.00	$ 255.11
Emp + Child(ren)	**$ 920.53**	$ 870.00	$ 50.53
Emp + Family	**$ 1,585.38**	$ 1,270.02	$ 315.36

**In addition, those employees enrolled in the HDHP/HSA program, the City will fund the HSA account with $1,500 on January 1, 2016, and $500 on the 1st of March, June, and September 2016

Anthem Dental - DPPO		
Emp Only	$	51.52
Emp + Spouse	$	105.06
Emp + Child(ren)	$	117.12
Emp + Family	$	182.81

Anthem Dental - DMO		
Emp Only	$	13.81
Emp + Spouse	$	27.61
Emp + Child(ren)	$	27.61
Emp + Family	$	43.30

Vision Plan		
1 Dependent	$	6.95
2 or More	$	13.95

-In the event an employee does not exhaust nor exceed his/her monthly medical allowance, the employee shall be allowed to apply any unused portion towards the purchase of dental, vision, supplemental, or ancillary plans offered through the City and approved by the Director of Human Resources, in accordance with IRS Section 125, Cafeteria Plan Regulations.