

**Orange County Fire Authority**  
**January 1, 2017 - December 31, 2017**  
**Flexible Benefit Plan - HR Director & Director of Communications**

**CalPERS Regional Health Insurance Premiums - PPO Only Plans**

| PPO Insurance Plans                    | Other Southern CA    |                                      | Los Angeles Area     |                                      |
|--|----------------------|--------------------------------------|----------------------|--------------------------------------|
|  | Monthly Premium Rate | Cost Per Pay Period (24 Pay Periods) | Monthly Premium Rate | Cost Per Pay Period (24 Pay Periods) |
| <b>PERS Care - Anthem Blue Cross</b>   |                      |                                      |                      |                                      |
| Employee Only                          | \$ 802.24            | \$ 401.12                            | \$ 715.88            | \$ 357.94                            |
| Employee & 1 Dependent                 | \$ 1,604.48          | \$ 802.24                            | \$ 1,431.76          | \$ 715.88                            |
| Employee & 2 + Dependents              | \$ 2,085.82          | \$ 1,042.91                          | \$ 1,861.29          | \$ 930.64                            |
| <b>PERS Choice - Anthem Blue Cross</b> |                      |                                      |                      |                                      |
| Employee Only                          | \$ 714.43            | \$ 357.21                            | \$ 637.53            | \$ 318.76                            |
| Employee & 1 Dependent                 | \$ 1,428.86          | \$ 714.43                            | \$ 1,275.06          | \$ 637.53                            |
| Employee & 2 + Dependents              | \$ 1,857.52          | \$ 928.76                            | \$ 1,657.58          | \$ 828.79                            |
| <b>PERS Select - Anthem Blue Cross</b> |                      |                                      |                      |                                      |
| Employee Only                          | \$ 633.46            | \$ 316.73                            | \$ 565.33            | \$ 282.66                            |
| Employee & 1 Dependent                 | \$ 1,266.92          | \$ 633.46                            | \$ 1,130.66          | \$ 565.33                            |
| Employee & 2 + Dependents              | \$ 1,647.00          | \$ 823.50                            | \$ 1,469.86          | \$ 734.93                            |

**CalPERS Regional Health Insurance Premiums - HMO Only Plans**

| HMO Insurance Plans                      | Other Southern CA    |                                      | Los Angeles Area     |                                      |
|--|----------------------|--------------------------------------|----------------------|--------------------------------------|
|  | Monthly Premium Rate | Cost Per Pay Period (24 Pay Periods) | Monthly Premium Rate | Cost Per Pay Period (24 Pay Periods) |
| <b>Anthem Blue Cross HMO Select</b>      |                      |                                      |                      |                                      |
| Employee Only                            | \$ 659.03            | \$ 329.51                            | \$ 592.78            | \$ 296.39                            |
| Employee & 1 Dependent                   | \$ 1,318.06          | \$ 659.03                            | \$ 1,185.56          | \$ 592.78                            |
| Employee & 2 + Dependents                | \$ 1,713.48          | \$ 856.74                            | \$ 1,541.23          | \$ 770.61                            |
| <b>Anthem Blue Cross HMO Traditional</b> |                      |                                      |                      |                                      |
| Employee Only                            | \$ 799.15            | \$ 399.57                            | \$ 713.69            | \$ 356.84                            |
| Employee & 1 Dependent                   | \$ 1,598.30          | \$ 799.15                            | \$ 1,427.38          | \$ 713.69                            |
| Employee & 2 + Dependents                | \$ 2,077.79          | \$ 1,038.89                          | \$ 1,855.59          | \$ 927.79                            |
| <b>Blue Shield Access Plus</b>           |                      |                                      |                      |                                      |
| Employee Only                            | \$ 778.45            | \$ 389.22                            | \$ 675.98            | \$ 337.99                            |
| Employee & 1 Dependent                   | \$ 1,556.90          | \$ 778.45                            | \$ 1,351.96          | \$ 675.98                            |
| Employee & 2 + Dependents                | \$ 2,023.97          | \$ 1,011.98                          | \$ 1,757.55          | \$ 878.77                            |
| <b>Health Net Salud y Mas</b>            |                      |                                      |                      |                                      |
| Employee Only                            | \$ 473.46            | \$ 236.73                            | \$ 414.79            | \$ 207.39                            |
| Employee & 1 Dependent                   | \$ 946.92            | \$ 473.46                            | \$ 829.58            | \$ 414.79                            |
| Employee & 2 + Dependents                | \$ 1,231.00          | \$ 615.50                            | \$ 1,078.45          | \$ 539.22                            |

**CalPERS Regional Health Insurance Premiums - HMO Only Plans**

| HMO Insurance Plans         | Other Southern CA    |                                      | Los Angeles Area     |                                      |
|-----------------------------|----------------------|--------------------------------------|----------------------|--------------------------------------|
|                             | Monthly Premium Rate | Cost Per Pay Period (24 Pay Periods) | Monthly Premium Rate | Cost Per Pay Period (24 Pay Periods) |
| <b>Health Net SmartCare</b> |                      |                                      |                      |                                      |
| Employee Only               | \$ 537.20            | \$ 268.60                            | \$ 526.73            | \$ 263.36                            |
| Employee & 1 Dependent      | \$ 1,074.40          | \$ 537.20                            | \$ 1,053.46          | \$ 526.73                            |
| Employee & 2 + Dependents   | \$ 1,396.72          | \$ 698.36                            | \$ 1,369.50          | \$ 684.75                            |
| <b>Kaiser Permanente</b>    |                      |                                      |                      |                                      |
| Employee Only               | \$ 599.54            | \$ 299.77                            | \$ 573.89            | \$ 286.94                            |
| Employee & 1 Dependent      | \$ 1,199.08          | \$ 599.54                            | \$ 1,147.78          | \$ 573.89                            |
| Employee & 2 + Dependents   | \$ 1,558.80          | \$ 779.40                            | \$ 1,492.11          | \$ 746.05                            |
| <b>Sharp</b>                |                      |                                      |                      |                                      |
| Employee Only               | \$ 614.46            | \$ 307.23                            | N/A                  | N/A                                  |
| Employee & 1 Dependent      | \$ 1,228.92          | \$ 614.46                            | N/A                  | N/A                                  |
| Employee & 2 + Dependents   | \$ 1,597.60          | \$ 798.80                            | N/A                  | N/A                                  |
| <b>UnitedHealthcare</b>     |                      |                                      |                      |                                      |
| Employee Only               | \$ 549.76            | \$ 274.88                            | \$ 545.71            | \$ 272.85                            |
| Employee & 1 Dependent      | \$ 1,099.52          | \$ 549.76                            | \$ 1,091.42          | \$ 545.71                            |
| Employee & 2 + Dependents   | \$ 1,429.38          | \$ 714.69                            | \$ 1,418.85          | \$ 709.42                            |