



Pleasant Valley Recreation and Park District

Effective January 1, 2017

FULL TIME EMPLOYEES		
CalPERS Retirement Tiers	Classic Member:	2.5% @ 55
	Hired After 3/31/2011:	2% @ 60
	PEPRA Effective 1/1/2013:	2% @ 62
Employee Contribution Rate	2.5% @ 55	8% (plus 4% for loan)
	2% @ 60	7%
	2% @ 62	6.25%
MEDICAL		
See Attached for Rates		
District contributes up to the highest cost HMO Family plan for Full Time Employees.		Employee pays 45%
DENTAL		
See Attached for Rates		
District contributes up to full cost of Guardian Dental PPO Plan		Employee pays 30%
VISION		
See Attached for Rates		
District contributes up to full cost of Vision Service Plan (VSP)		Employee pays 30%
GROUP TERM LIFE		
Employer Paid	Non Management: 1x Annual Salary	
Employee Life / Accidental Death & Dismemberment	Management: \$200, 000	
DISABILITY INSURANCE		
Employer Paid	Short Term and Long Term Disability	
PART TIME YEAR ROUND EMPLOYEES		
CalPERS Retirement Tiers	Classic Member:	2.5% @ 55
	Hired After 3/31/2011:	2% @ 60
	PEPRA Effective 1/1/2013:	2% @ 62
Employee Contribution Rate	2.5% @ 55	8% (plus 4% for loan)
	2% @ 60	7%
	2% @ 62	6.25%
MEDICAL		
See Attached for Rates		
District contributes up to the highest cost HMO Individual plan for P/T Year Round employees.		Employee pays 45%
DENTAL and VISION		
See Attached for Rates		Employee pays 100% of cost
FULL TIME and PART TIME YEAR ROUND EMPLOYEES		
EMPLOYEE ASSISTANCE PROGRAM		
Employer Paid	Guidance Resource Program	
OTHER BENEFITS		
Deferred Compensation - 457 Plan (ICMA)	Employee can contribute up to IRS limit	
Social Security	Yes	
VOLUNTARY INSURANCE PLANS		
Employee pays 100% of cost	AFLAC (John McClain 805-990-7474)	
	Colonial Life (Gary Magnone 818-400-5462)	

FULL TIME EMPLOYEES

MEDICAL PLANS

Employee share is 45% plus any amount over the highest cost HMO family rate

	Plan	EE	Bimonthly Share	EE +1	Bimonthly Share	EE & 2+	Bimonthly Share	Bimonthly Diff.	Total Share
HMO	Anthem Select	\$ 592.78	\$ 133.38	\$ 1,185.56	\$ 266.75	\$ 1,541.23	\$ 346.78		\$ 346.78
	Anthem Traditional	\$ 713.69	\$ 160.58	\$ 1,427.38	\$ 321.16	\$ 1,855.59	\$ 417.51		\$ 417.51
	Blue Shield Access +	\$ 675.98	\$ 152.10	\$ 1,351.96	\$ 304.19	\$ 1,757.55	\$ 395.45		\$ 395.45
	Kaiser	\$ 573.89	\$ 129.13	\$ 1,147.78	\$ 258.25	\$ 1,492.11	\$ 335.72		\$ 335.72
	United HealthCare	\$ 545.71	\$ 122.78	\$ 1,091.42	\$ 245.57	\$ 1,418.85	\$ 319.24		\$ 319.24
	Health Net Salud y Mas*	\$ 414.79	\$ 93.33	\$ 829.58	\$ 186.66	\$ 1,078.45	\$ 242.65		\$ 242.65
	Health Net SmartCare*	\$ 526.73	\$ 118.51	\$ 1,053.46	\$ 237.03	\$ 1,369.50	\$ 308.14		\$ 308.14
PPO	PERS Choice	\$ 637.53	\$ 143.44	\$ 1,275.06	\$ 286.89	\$ 1,657.58	\$ 372.96		\$ 372.96
	PERS Select	\$ 565.33	\$ 127.20	\$ 1,130.66	\$ 254.40	\$ 1,469.86	\$ 330.72		\$ 330.72
	PERS Care	\$ 715.88	\$ 161.07	\$ 1,431.76	\$ 322.15	\$ 1,861.29	\$ 417.51	\$ 2.85	\$ 420.36



DENTAL and VISION PLANS

Employee share for Dental and Vision is 30%

	Plan	EE	Bimonthly	EE +1	Bimonthly	EE & 2+	Bimonthly
	Guardian Dental PPO**	\$ 44.49	\$ 6.67	\$ 88.76	\$ 13.31	\$ 157.05	\$ 23.56
	Vision VSP**	\$ 20.44	\$ 3.07	\$ 20.44	\$ 3.07	\$ 20.44	\$ 3.07



PART TIME YEAR ROUND EMPLOYEES

MEDICAL PLANS

Employee share is 45% plus any amount over the highest cost HMO individual rate

	Plan	EE	Bimonthly Share	Bimonthly Diff.	Total Share	EE +1	Bimonthly Diff.	Total Share	EE & 2+	Bimonthly Diff.	Total Share
HMO	Anthem Select	\$ 592.78	\$ 133.38		\$ 133.38	\$ 1,185.56	\$ 235.94	\$ 396.52	\$ 1,541.23	\$ 413.77	\$ 574.35
	Anthem Traditional	\$ 713.69	\$ 160.58		\$ 160.58	\$ 1,427.38	\$ 356.85	\$ 517.43	\$ 1,855.59	\$ 570.95	\$ 731.53
	Blue Shield Access +	\$ 675.98	\$ 152.10		\$ 152.10	\$ 1,351.96	\$ 319.14	\$ 479.72	\$ 1,757.55	\$ 521.93	\$ 682.51
	Kaiser	\$ 573.89	\$ 129.13		\$ 129.13	\$ 1,147.78	\$ 217.05	\$ 377.63	\$ 1,492.11	\$ 389.21	\$ 549.79
	United HealthCare	\$ 545.71	\$ 122.78		\$ 122.78	\$ 1,091.42	\$ 188.87	\$ 349.45	\$ 1,418.85	\$ 352.58	\$ 513.16
	Health Net Salud y Mas*	\$ 414.79	\$ 93.33		\$ 93.33	\$ 829.58	\$ 57.95	\$ 218.53	\$ 1,078.45	\$ 182.38	\$ 342.96
	Health Net SmartCare*	\$ 526.73	\$ 118.51		\$ 118.51	\$ 1,053.46	\$ 169.89	\$ 330.47	\$ 1,369.50	\$ 327.91	\$ 488.49
PPO	PERS Choice	\$ 637.53	\$ 143.44		\$ 143.44	\$ 1,275.06	\$ 280.69	\$ 441.27	\$ 1,657.58	\$ 471.95	\$ 632.53
	PERS Select	\$ 565.33	\$ 127.20		\$ 127.20	\$ 1,130.66	\$ 208.49	\$ 369.07	\$ 1,469.86	\$ 378.09	\$ 538.67
	PERS Care	\$ 715.88	\$ 161.07	\$ 1.09	\$ 162.17	\$ 1,431.76	\$ 359.04	\$ 519.62	\$ 1,861.29	\$ 573.80	\$ 734.38

DENTAL and VISION PLANS

Employee pays 100% for Dental and Vision

	Plan	EE	Bimonthly	EE +1	Bimonthly	EE & 2+	Bimonthly
	Guardian Dental PPO**	\$ 44.49	\$ 22.25	\$ 88.76	\$ 44.38	\$ 157.05	\$ 78.53
	Vision VSP**	\$ 20.44	\$ 10.22	\$ 20.44	\$ 10.22	\$ 20.44	\$ 10.22



Calculations are based on 24 pay periods - no deductions on the third pay period of any given month

* Health Net Salud y Mas and SmartCare available to those who work/live in Los Angeles

**Plan rates for Guardian and VSP change in the spring