

City of Newark
Benefit Cost Information Sheet
 Effective 1/1/2008

PERS Bay Area / Sacramento Region Plan Pricing *

Medical Plan	Employee only	Plan Code	Employee +1	Plan Code	Family	Plan Code
Blue Shield HMO	\$ 532.93	3011	\$ 1,065.86	3012	\$ 1,385.62	3013
Blue Shield NetValue **	\$ 478.22	0601	\$ 956.44	0602	\$ 1,243.37	0603
Kaiser Permanente (CA)	\$ 470.67	3051	\$ 941.34	3052	\$ 1,223.74	3053
PERS Choice	\$ 482.48	3201	\$ 964.96	3202	\$ 1,254.45	3203
PERS Select **	\$ 467.18	0721	\$ 934.36	0722	\$ 1,214.67	0723
PERS Care	\$ 749.83	3251	\$ 1,499.66	3252	\$ 1,949.56	3253
PORAC ***	\$ 452.00	2071	\$ 847.00	2072	\$ 1,076.00	2073

City covers \$97 per month of the premium cost. If you elect to not enroll in a plan, the \$97 will be paid as additional income.

* If you live in a region other than the Bay Area / Sacramento region then your plan pricing will be different. Please contact Personnel for more information.

** Limited availability in the Bay Area / Sacramento Region

*** PORAC : Members must belong to, and pay dues to PORAC, in order to enroll in this plan.

Dental Plan	Employee only	Employee +1	Family
Delta Dental (DPO)	\$ 56.50	\$ 112.24	\$ 172.19
Delta Care (PMI)	\$ 18.70	\$ 30.85	\$ 45.65

Vision Plan	Employee only	Employee +1	Family
EyeMed	\$ 10.08	\$ 19.16	\$ 28.12

Long-Term Disability	Employee
MetLife	\$1.05 per \$100 of salary

Safety Employees
not eligible