

Foothill-De Anza Community College District

Imputed Income Rates - 2014
Active Employees
Medical and Dental/Vision

July 18, 2012

Active Employees Medical - CalPERS Rates			Medical with Dental/Vision/EAP/Dep. Life			Imputed Income Calculations - Medical/Dental/Vision/EAP/Dep. Life					
PERSCare Single 2 Party Family	Basic Rates		Dental/Vision	EAP	Dep. Life	Medical/Dental/Vision	Total Contributions			PERSCare Medical/Dental/Vision With EAP, Dep. Life	
	\$720.04		\$85.29	\$3.19		\$808.52	\$480.00	\$14.40	\$494.40		
	\$1,440.08		\$170.58	\$3.19	\$1.73	\$1,615.58	\$960.00	\$28.80	\$988.80		
	\$1,872.10		\$238.81	\$3.19	\$3.46	\$2,117.56	\$1,440.00	\$43.20	\$1,483.20		
						Market Value of DP Coverage			Contributions	Post Tax Contrib.	Imputed Income
Employee Only	\$720.04		\$85.29	\$3.19	\$1.73	\$810.25	\$480.00	\$14.40	\$494.40		
Employee Plus Spouse/Domestic Partner Without Medicare	\$1,440.08		\$170.58	\$3.19	\$1.73	\$1,615.58	\$960.33	\$28.80	\$989.13	\$325.33	
Employee Plus Domestic Partner With Medicare	\$1,440.08		\$170.58	\$3.19	\$1.73	\$1,615.58	\$960.33	\$28.80	\$989.13	\$325.33	
Employee Plus Child, No Spouse/Domestic Partner	\$1,440.08		\$170.58	\$3.19	\$1.73	\$1,615.58	\$960.33	\$28.80	\$989.13	\$325.33	
Employee Plus Spouse/Domestic Partner Without Medicare Plus Child(re)	\$1,872.10		\$238.81	\$3.19	\$3.46	\$2,117.56	\$1,407.31	\$43.20	\$1,450.51	\$347.31	
Employee Plus Domestic Partner With Medicare Plus Child(re)	\$1,872.10		\$238.81	\$3.19	\$3.46	\$2,117.56	\$1,407.31	\$43.20	\$1,450.51	\$347.31	
Employee Plus Children, No Spouse/Domestic Partner	\$1,872.10		\$238.81	\$3.19	\$3.46	\$2,117.56	\$1,407.31	\$43.20	\$1,450.51	\$347.31	
PERS Choice Single 2 Party Family	Basic Rates		Dental/Vision	EAP	Dep. Life	Medical/Dental/Vision	Total Contributions			PERS Choice Medical/Dental/Vision With EAP, Dep. Life	
	\$690.77		\$85.29	\$3.19		\$779.25	\$138.00	\$4.15	\$142.15		
	\$1,381.54		\$170.58	\$3.19	\$1.73	\$1,557.04	\$276.00	\$8.30	\$284.30		
	\$1,796.00		\$238.81	\$3.19	\$3.46	\$2,041.46	\$415.00	\$12.45	\$427.45		
						Market Value of DP Coverage			Contributions	Post Tax Contrib.	Imputed Income
Employee Only	\$690.77		\$85.29	\$3.19	\$1.73	\$780.98	\$138.00	\$4.15	\$142.15		
Employee Plus Spouse/Domestic Partner Without Medicare	\$1,381.54		\$170.58	\$3.19	\$1.73	\$1,557.04	\$276.06	\$8.30	\$284.36	\$638.06	
Employee Plus Domestic Partner With Medicare	\$1,381.54		\$170.58	\$3.19	\$1.73	\$1,557.04	\$276.06	\$8.30	\$284.36	\$638.06	
Employee Plus Child, No Spouse/Domestic Partner	\$1,381.54		\$170.58	\$3.19	\$1.73	\$1,557.04	\$276.06	\$8.30	\$284.36	\$638.06	
Employee Plus Spouse/Domestic Partner Without Medicare Plus Child(re)	\$1,796.00		\$238.81	\$3.19	\$3.46	\$2,041.46	\$415.08	\$12.45	\$427.53	\$983.48	
Employee Plus Domestic Partner With Medicare Plus Child(re)	\$1,796.00		\$238.81	\$3.19	\$3.46	\$2,041.46	\$415.08	\$12.45	\$427.53	\$983.48	
Employee Plus Children, No Spouse/Domestic Partner	\$1,796.00		\$238.81	\$3.19	\$3.46	\$2,041.46	\$415.08	\$12.45	\$427.53	\$983.48	
PERS Select Single 2 Party Family	Basic Rates		Dental/Vision	EAP	Dep. Life	Medical/Dental/Vision	Total Contributions			PERS Select Medical/Dental/Vision With EAP, Dep. Life	
	\$661.52		\$85.29	\$3.19		\$750.00	\$117.00	\$3.51	\$120.51		
	\$1,323.04		\$170.58	\$3.19	\$1.73	\$1,496.54	\$234.00	\$7.02	\$241.02		
	\$1,719.95		\$238.81	\$3.19	\$3.46	\$1,965.41	\$351.00	\$10.53	\$361.53		
						Market Value of DP Coverage			Contributions	Post Tax Contrib.	Imputed Income
Employee Only	\$661.52		\$85.29	\$3.19	\$1.73	\$751.73	\$117.00	\$3.51	\$120.51		
Employee Plus Spouse/Domestic Partner Without Medicare	\$1,323.04		\$170.58	\$3.19	\$1.73	\$1,496.54	\$234.06	\$7.02	\$241.06	\$669.81	
Employee Plus Domestic Partner With Medicare	\$1,323.04		\$170.58	\$3.19	\$1.73	\$1,496.54	\$234.06	\$7.02	\$241.06	\$669.81	
Employee Plus Child, No Spouse/Domestic Partner	\$1,323.04		\$170.58	\$3.19	\$1.73	\$1,496.54	\$234.06	\$7.02	\$241.06	\$669.81	
Employee Plus Spouse/Domestic Partner Without Medicare Plus Child(re)	\$1,719.95		\$238.81	\$3.19	\$3.46	\$1,965.41	\$351.06	\$10.53	\$361.59	\$1,058.68	
Employee Plus Domestic Partner With Medicare Plus Child(re)	\$1,719.95		\$238.81	\$3.19	\$3.46	\$1,965.41	\$351.06	\$10.53	\$361.59	\$1,058.68	
Employee Plus Children, No Spouse/Domestic Partner	\$1,719.95		\$238.81	\$3.19	\$3.46	\$1,965.41	\$351.06	\$10.53	\$361.59	\$1,058.68	
Blue Shield Access+ Single 2 Party Family	Basic Rates		Dental/Vision	EAP	Dep. Life	Medical/Dental/Vision	Total Contributions			Blue Shield Access+ Medical/Dental/Vision With EAP, Dep. Life	
	\$836.59		\$85.29	\$3.19		\$925.07	\$283.00	\$8.49	\$291.49		
	\$1,673.18		\$170.58	\$3.19	\$1.73	\$1,848.68	\$567.00	\$17.00	\$584.00		
	\$2,175.13		\$238.81	\$3.19	\$3.46	\$2,420.59	\$850.00	\$25.50	\$875.50		
						Market Value of DP Coverage			Contributions	Post Tax Contrib.	Imputed Income
Employee Only	\$836.59		\$85.29	\$3.19	\$1.73	\$926.80	\$283.00	\$8.49	\$291.49		
Employee Plus Spouse/Domestic Partner Without Medicare	\$1,673.18		\$170.58	\$3.19	\$1.73	\$1,848.68	\$567.06	\$17.00	\$584.06	\$637.88	
Employee Plus Domestic Partner With Medicare	\$1,673.18		\$170.58	\$3.19	\$1.73	\$1,848.68	\$567.06	\$17.00	\$584.06	\$637.88	
Employee Plus Child, No Spouse/Domestic Partner	\$1,673.18		\$170.58	\$3.19	\$1.73	\$1,848.68	\$567.06	\$17.00	\$584.06	\$637.88	
Employee Plus Spouse/Domestic Partner Without Medicare Plus Child(re)	\$2,175.13		\$238.81	\$3.19	\$3.46	\$2,420.59	\$850.06	\$25.50	\$875.56	\$926.79	
Employee Plus Domestic Partner With Medicare Plus Child(re)	\$2,175.13		\$238.81	\$3.19	\$3.46	\$2,420.59	\$850.06	\$25.50	\$875.56	\$926.79	
Employee Plus Children, No Spouse/Domestic Partner	\$2,175.13		\$238.81	\$3.19	\$3.46	\$2,420.59	\$850.06	\$25.50	\$875.56	\$926.79	
Blue Shield NetValue Single 2 Party Family	Basic Rates		Dental/Vision	EAP	Dep. Life	Medical/Dental/Vision	Total Contributions			Blue Shield NetValue Medical/Dental/Vision With EAP, Dep. Life	
	\$704.01		\$85.29	\$3.19		\$792.49	\$192.00	\$5.76	\$197.76		
	\$1,408.02		\$170.58	\$3.19	\$1.73	\$1,583.52	\$384.00	\$11.52	\$395.52		
	\$1,830.43		\$238.81	\$3.19	\$3.46	\$2,075.89	\$576.00	\$17.28	\$593.18		
						Market Value of DP Coverage			Contributions	Post Tax Contrib.	Imputed Income
Employee Only	\$704.01		\$85.29	\$3.19	\$1.73	\$794.22	\$192.00	\$5.76	\$197.76		
Employee Plus Spouse/Domestic Partner Without Medicare	\$1,408.02		\$170.58	\$3.19	\$1.73	\$1,583.52	\$384.06	\$11.52	\$395.56	\$597.30	
Employee Plus Domestic Partner With Medicare	\$1,408.02		\$170.58	\$3.19	\$1.73	\$1,583.52	\$384.06	\$11.52	\$395.56	\$597.30	
Employee Plus Child, No Spouse/Domestic Partner	\$1,408.02		\$170.58	\$3.19	\$1.73	\$1,583.52	\$384.06	\$11.52	\$395.56	\$597.30	
Employee Plus Spouse/Domestic Partner Without Medicare Plus Child(re)	\$1,830.43		\$238.81	\$3.19	\$3.46	\$2,075.89	\$576.06	\$17.28	\$593.22	\$897.67	
Employee Plus Domestic Partner With Medicare Plus Child(re)	\$1,830.43		\$238.81	\$3.19	\$3.46	\$2,075.89	\$576.06	\$17.28	\$593.22	\$897.67	
Employee Plus Children, No Spouse/Domestic Partner	\$1,830.43		\$238.81	\$3.19	\$3.46	\$2,075.89	\$576.06	\$17.28	\$593.22	\$897.67	
Kaiser Single 2 Party Family	Basic Rates		Dental/Vision	EAP	Dep. Life	Medical/Dental/Vision	Total Contributions			Kaiser Medical/Dental/Vision With EAP, Dep. Life	
	\$742.72		\$85.29	\$3.19		\$831.20	\$99.00	\$3.06	\$102.06		
	\$1,485.44		\$170.58	\$3.19	\$1.73	\$1,660.94	\$198.00	\$6.12	\$204.12		
	\$1,931.07		\$238.81	\$3.19	\$3.46	\$2,176.53	\$297.00	\$9.18	\$216.18		
						Market Value of DP Coverage			Contributions	Post Tax Contrib.	Imputed Income
Employee Only	\$742.72		\$85.29	\$3.19	\$1.73	\$832.93	\$99.00	\$3.06	\$102.06		
Employee Plus Spouse/Domestic Partner Without Medicare	\$1,485.44		\$170.58	\$3.19	\$1.73	\$1,660.94	\$198.06	\$6.12	\$204.16	\$729.01	
Employee Plus Domestic Partner With Medicare	\$1,485.44		\$170.58	\$3.19	\$1.73	\$1,660.94	\$198.06	\$6.12	\$204.16	\$729.01	
Employee Plus Child, No Spouse/Domestic Partner	\$1,485.44		\$170.58	\$3.19	\$1.73	\$1,660.94	\$198.06	\$6.12	\$204.16	\$729.01	
Employee Plus Spouse/Domestic Partner Without Medicare Plus Child(re)	\$1,931.07		\$238.81	\$3.19	\$3.46	\$2,176.53	\$297.06	\$9.18	\$216.22	\$1,145.60	
Employee Plus Domestic Partner With Medicare Plus Child(re)	\$1,931.07		\$238.81	\$3.19	\$3.46	\$2,176.53	\$297.06	\$9.18	\$216.22	\$1,145.60	
Employee Plus Children, No Spouse/Domestic Partner	\$1,931.07		\$238.81	\$3.19	\$3.46	\$2,176.53	\$297.06	\$9.18	\$216.22	\$1,145.60	
Anthem HMO Select Single 2 Party Family	Basic Rates		Dental/Vision	EAP	Dep. Life	Medical/Dental/Vision	Total Contributions			Anthem HMO Select Medical/Dental/Vision With EAP, Dep. Life	
	\$657.33		\$85.29	\$3.19		\$745.81	\$138.00	\$4.15	\$142.15		
	\$1,314.66		\$170.58	\$3.19	\$1.73	\$1,490.16	\$276.00	\$8.30	\$284.30		
	\$1,709.06		\$238.81	\$3.19	\$3.46	\$1,954.52	\$415.00	\$12.45	\$427.45		
						Market Value of DP Coverage			Contributions	Post Tax Contrib.	Imputed Income
Employee Only	\$657.33		\$85.29	\$3.19	\$1.73	\$747.54	\$138.00	\$4.15	\$142.15		
Employee Plus Spouse/Domestic Partner Without Medicare	\$1,314.66		\$170.58	\$3.19	\$1.73	\$1,490.16	\$276.06	\$8.30	\$284.36	\$726.62	
Employee Plus Domestic Partner With Medicare	\$1,314.66		\$170.58	\$3.19	\$1.73	\$1,490.16	\$276.06	\$8.30	\$284.36	\$726.62	
Employee Plus Child, No Spouse/Domestic Partner	\$1,314.66		\$170.58	\$3.19	\$1.73	\$1,490.16	\$276.06	\$8.30	\$284.36	\$726.62	
Employee Plus Spouse/Domestic Partner Without Medicare Plus Child(re)	\$1,709.06		\$238.81	\$3.19	\$3.46	\$1,954.52	\$415.06	\$12.45	\$427.51	\$1,112.98	
Employee Plus Domestic Partner With Medicare Plus Child(re)	\$1,709.06		\$238.81	\$3.19	\$3.46	\$1,954.52	\$415.06	\$12.45	\$427.51	\$1,112.98	
Employee Plus Children, No Spouse/Domestic Partner	\$1,709.06		\$238.81	\$3.19	\$3.46	\$1,954.52	\$415.06	\$12.45	\$427.51	\$1,112.98	
Anthem HMO Traditional Single 2 Party Family	Basic Rates		Dental/Vision	EAP	Dep. Life	Medical/Dental/Vision	Total Contributions			Anthem HMO Traditional Medical/Dental/Vision With EAP, Dep. Life	
	\$720.41		\$85.29	\$3.19		\$801.89	\$480.00	\$14.40	\$494.40		
	\$1,440.82		\$170.58	\$3.19	\$1.73	\$1,632.32	\$960.00	\$28.80	\$988.80		
	\$1,893.87		\$238.81	\$3.19	\$3.46	\$2,139.33	\$1,440.00	\$43.20	\$1,483.20		
						Market Value of DP Coverage			Contributions	Post Tax Contrib.	Imputed Income
Employee Only	\$720.41		\$85.29	\$3.19	\$1.73	\$818.62	\$480.00	\$14.40	\$494.40		
Employee Plus Spouse/Domestic Partner Without Medicare	\$1,440.82		\$170.58	\$3.19	\$1.73	\$1,632.32	\$960.33	\$28.80	\$989.13	\$333.30	
Employee Plus Domestic Partner With Medicare	\$1,440.82		\$170.58	\$3.19	\$1.73	\$1,632.32	\$960.33	\$28.80	\$989.13	\$333.30	
Employee Plus Child, No Spouse/Domestic Partner	\$1,440.82		\$170.58	\$3.19	\$1.73	\$1,632.32	\$960.33	\$28.80	\$989.13	\$333.30	
Employee Plus Spouse/Domestic Partner Without Medicare Plus Child(re)	\$1,893.87		\$238.81	\$3.19	\$3.46	\$2,139.33	\$1,407.31	\$43.20	\$1,450.51	\$360.71	
Employee Plus Domestic Partner With Medicare Plus Child(re)	\$1,893.87		\$238.81	\$3.19	\$3.46	\$2,139.33	\$1,407.31	\$43.20	\$1,450.51	\$360.71	
Employee Plus Children, No Spouse/Domestic Partner	\$1,893.87		\$238.81	\$3.19	\$3.46	\$2,139.33	\$1,407.31	\$43.20	\$1,450.51	\$360.71	
Health Net SmartCare HMO Single 2 Party Family	Basic Rates		Dental/Vision	EAP	Dep. Life	Medical/Dental/Vision	Total Contributions			Health Net SmartCare HMO Medical/Dental/Vision With EAP, Dep. Life	
	\$568.51		\$85.29	\$3.19		\$658.72	\$77.00	\$2.31	\$79.31		
	\$1,137.02		\$170.58	\$3.19	\$1.73	\$1,312.52	\$154.00	\$4.62	\$158.62		
	\$1,478.13		\$238.81	\$3.19	\$3.46	\$1,723.59	\$222.00	\$6.66	\$228.66		
						Market Value of DP Coverage			Contributions	Post Tax Contrib.	Imputed Income
Employee Only	\$568.51		\$85.29	\$3.19	\$1.73	\$658.72	\$77.00	\$2.31	\$79.31		
Employee Plus Spouse/Domestic Partner Without Medicare	\$1,137.02		\$170.58	\$3.19	\$1.73	\$1,312.52	\$154.06	\$4.62	\$158.66	\$578.80	
Employee Plus Domestic Partner With Medicare	\$1,137.02		\$170.58	\$3.19	\$1.73	\$1,312.52	\$154.06	\$4.62	\$158.66	\$578.80	
Employee Plus Child, No Spouse/Domestic Partner	\$1,137.02		\$170.58	\$3.19	\$1.73	\$1,312.52	\$154.06	\$4.62	\$158.66	\$578.80	
Employee Plus Spouse/Domestic Partner Without Medicare Plus Child(re)	\$1,478.13		\$238.81	\$3.19	\$3.46	\$1,723.59	\$222.06	\$6.66	\$228.72	\$909.87	
Employee Plus Domestic Partner With Medicare Plus Child(re)											

Employee Plus Domestic Partner With Medicare Plus Child(ren)	\$1,273.53	\$238.81	\$3.19	\$3.46	\$1,518.99	Same-Sex DP with Medicare, Plus DP Child	\$938.96	\$232.00	\$155.00	\$783.96		
Employee Plus Children, No Spouse/Domestic Partner	\$1,273.53	\$238.81	\$3.19	\$3.46	\$1,518.99	Same-Sex DP with Medicare, Plus DP Children	\$938.96	\$232.00	\$155.00	\$783.96		
						Same-Sex Domestic Partner's CHILDREN ONL	\$938.96	\$232.00	\$155.00	\$783.96		
UHC HMO	Basic Rates	Dental/Vision	EAP	Dep. Life	Medical/Dental/Vision	Total Contributions				UHC HMO		
Single	\$764.24	\$85.29	\$3.19		\$852.72	\$480.00				Medical/Dental/Vision With EAP, Dep. Life		
2 Party	\$1,528.48	\$170.58	\$3.19	\$1.73	\$1,703.98	\$960.00						
Family	\$1,987.02	\$238.81	\$3.19	\$3.46	\$2,232.48	\$1,440.00						
						Market Value of DP Coverage				Contributions	Post Tax Contrib.	Imputed Income
Employee Only	\$764.24	\$85.29	\$3.19	\$1.73	\$854.45	Same-Sex DP Only w/o Medicare	\$849.53	\$960.00	\$480.00			
Employee Plus Spouse/Domestic Partner Without Medicare	\$1,528.48	\$170.58	\$3.19	\$1.73	\$1,703.98	Same-Sex DP Only with Medicare	\$849.53	\$960.00	\$480.00			
Employee Plus Domestic Partner With Medicare	\$1,528.48	\$170.58	\$3.19	\$1.73	\$1,703.98	Same-Sex Domestic Partner's CHILDL ONLY	\$849.53	\$960.00	\$480.00			
Employee Plus Child, No Spouse/Domestic Partner	\$1,528.48	\$170.58	\$3.19	\$1.73	\$1,703.98	Same-Sex DP w/o Medicare, Plus DP Child	\$1,378.03	\$1,440.00	\$960.00			
Employee Plus Spouse/Domestic Partner Without Medicare Plus Child(re	\$1,987.02	\$238.81	\$3.19	\$3.46	\$2,232.48	Same-Sex DP w/o Medicare, Plus DP Children	\$1,378.03	\$1,440.00	\$960.00			
Employee Plus Domestic Partner With Medicare Plus Child(ren)	\$1,987.02	\$238.81	\$3.19	\$3.46	\$2,232.48	Same-Sex DP with Medicare, Plus DP Child	\$1,378.03	\$1,440.00	\$960.00			
Employee Plus Children, No Spouse/Domestic Partner	\$1,987.02	\$238.81	\$3.19	\$3.46	\$2,232.48	Same-Sex DP with Medicare, Plus DP Children	\$1,378.03	\$1,440.00	\$960.00			
						Same-Sex Domestic Partner's CHILDREN ONL	\$1,378.03	\$1,440.00	\$960.00			
Sharp HMO	Basic Rates	Dental/Vision	EAP	Dep. Life	Medical/Dental/Vision	Total Contributions				Sharp HMO		
Single	\$538.59	\$85.29	\$3.19		\$627.07	\$77.00				Medical/Dental/Vision With EAP, Dep. Life		
2 Party	\$1,077.18	\$170.58	\$3.19	\$1.73	\$1,252.68	\$154.00						
Family	\$1,400.33	\$238.81	\$3.19	\$3.46	\$1,645.79	\$232.00						
						Market Value of DP Coverage				Contributions	Post Tax Contrib.	Imputed Income
Employee Only	\$538.59	\$85.29	\$3.19	\$1.73	\$628.80	Same-Sex DP Only w/o Medicare	\$623.88	\$154.00	\$77.00			
Employee Plus Spouse/Domestic Partner Without Medicare	\$1,077.18	\$170.58	\$3.19	\$1.73	\$1,252.68	Same-Sex DP Only with Medicare	\$623.88	\$154.00	\$77.00			
Employee Plus Domestic Partner With Medicare	\$1,077.18	\$170.58	\$3.19	\$1.73	\$1,252.68	Same-Sex Domestic Partner's CHILDL ONLY	\$623.88	\$154.00	\$77.00			
Employee Plus Child, No Spouse/Domestic Partner	\$1,077.18	\$170.58	\$3.19	\$1.73	\$1,252.68	Same-Sex DP w/o Medicare, Plus DP Child	\$1,016.99	\$232.00	\$155.00			
Employee Plus Spouse/Domestic Partner Without Medicare Plus Child(re	\$1,400.33	\$238.81	\$3.19	\$3.46	\$1,645.79	Same-Sex DP w/o Medicare, Plus DP Children	\$1,016.99	\$232.00	\$155.00			
Employee Plus Domestic Partner With Medicare Plus Child(ren)	\$1,400.33	\$238.81	\$3.19	\$3.46	\$1,645.79	Same-Sex DP with Medicare, Plus DP Child	\$1,016.99	\$232.00	\$155.00			
Employee Plus Children, No Spouse/Domestic Partner	\$1,400.33	\$238.81	\$3.19	\$3.46	\$1,645.79	Same-Sex DP with Medicare, Plus DP Children	\$1,016.99	\$232.00	\$155.00			
						Same-Sex Domestic Partner's CHILDREN ONL	\$1,016.99	\$232.00	\$155.00			

Notes:

The definition of Children includes Certified Disabled Dependents over the age of 26

This Exhibit reflects the actual rates billed by CalPERS and does not include the Medicare Part B Reimbursement amount included in Medicare Retiree rates used for cost projections and contribution modeling.