

**CORRECTIONS BARGAINING UNIT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2023**

County contribution based on 80/80/80 of the 2023 premium for PORAC

2023 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	151.00	509.00
EE + 1	151.00	1,349.00
EE + 2	151.00	1,689.00

Monthly Premium	MONTHLY COUNTY CONTRIBUTIONS AVAILABLE FOR MEDICAL PREMIUMS			EE MONTHLY COSTS			EE PAY PERIOD COST
	TOTAL *1 Contribution	= Medical Contribution (PEMHCA)	+ FHA **2 Contribution	EE Cost For Plan	EE Cost Admin	Total EE Cost	

0.33% of premium

BLUE SHIELD ACCESS+ HMO (Palo Alto Medical Foundation and Dignity Health Medical Network)

EE	1,035.21	660.00	151.00	509.00	375.21	3.42	378.63	189.31
EE + 1	2,070.42	1,500.00	151.00	1,349.00	570.42	6.83	577.25	288.63
EE + 2	2,691.55	1,840.00	151.00	1,689.00	851.55	8.88	860.43	430.22

BLUE SHIELD TRIO HMO (Dignity Health Medical Network)

EE	888.94	660.00	151.00	509.00	228.94	2.93	231.87	115.94
EE + 1	1,777.88	1,500.00	151.00	1,349.00	277.88	5.87	283.75	141.87
EE + 2	2,311.24	1,840.00	151.00	1,689.00	471.24	7.63	478.87	239.43

ANTHEM HMO SELECT (Dignity Health Medical Network)

EE	1,128.83	660.00	151.00	509.00	468.83	3.73	472.56	236.28
EE + 1	2,257.66	1,500.00	151.00	1,349.00	757.66	7.45	765.11	382.56
EE + 2	2,934.96	1,840.00	151.00	1,689.00	1,094.96	9.69	1,104.65	552.32

ANTHEM HMO TRADITIONAL (Palo Alto Medical Foundation and Dignity Health Medical Network)

EE	1,210.71	660.00	151.00	509.00	550.71	4.00	554.71	277.35
EE + 1	2,421.42	1,500.00	151.00	1,349.00	921.42	7.99	929.41	464.71
EE + 2	3,147.85	1,840.00	151.00	1,689.00	1,307.85	10.39	1,318.24	659.12

HEALTHNET SMARTCARE HMO (Dignity Health Medical Network)

EE	1,174.50	660.00	151.00	509.00	514.50	3.88	518.38	259.19
EE + 1	2,349.00	1,500.00	151.00	1,349.00	849.00	7.75	856.75	428.38
EE + 2	3,053.70	1,840.00	151.00	1,689.00	1,213.70	10.08	1,223.78	611.89

KAISER HMO

EE	913.74	660.00	151.00	509.00	253.74	3.02	256.76	128.38
EE + 1	1,827.48	1,500.00	151.00	1,349.00	327.48	6.03	333.51	166.76
EE + 2	2,375.72	1,840.00	151.00	1,689.00	535.72	7.84	543.56	271.78

PERS GOLD PPO (formerly PERS Select) (not contracted with PAMF, subject to Non-PPO charges)

EE	825.61	660.00	151.00	509.00	165.61	2.72	168.33	84.17
EE + 1	1,651.22	1,500.00	151.00	1,349.00	151.22	5.45	156.67	78.33
EE + 2	2,146.59	1,840.00	151.00	1,689.00	306.59	7.08	313.67	156.84

PERS PLATINUM PPO (formerly PERSCare and PERS Choice)

EE	1,200.12	660.00	151.00	509.00	540.12	3.96	544.08	272.04
EE + 1	2,400.24	1,500.00	151.00	1,349.00	900.24	7.92	908.16	454.08
EE + 2	3,120.31	1,840.00	151.00	1,689.00	1,280.31	10.30	1,290.61	645.30

PORAC (available to only PORAC Association members)

EE	825.00	660.00	151.00	509.00	165.00	2.72	167.72	83.86
EE + 1	1,875.00	1,500.00	151.00	1,349.00	375.00	6.19	381.19	190.59
EE + 2	2,300.00	1,840.00	151.00	1,689.00	460.00	7.59	467.59	233.80

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE

EE+1 OR MORE DEPENDENTS - ONE FULL YEAR OF ENROLLMENT REQUIRED							48.00	24.00
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VISION SERVICE PLAN

1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED							17.84	8.92
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EE = employee only
EE+1 = employee plus one dependent
EE+2 = employee plus two or more dependents.

MONTHLY COUNTY CONTRIBUTION RETIREE MEDICAL	
RETIREE	151.00

*1 TOTAL COUNTY CONTRIBUTION FOR EACH ENROLLMENT TIER IS THE MEDICAL (PEMHCA MINIMUM) AMOUNT PLUS THE FHA CONTRIBUTION AMOUNT FOR EACH CORRESPONDING ENROLLMENT TIER.

**2 FLEXIBLE HEALTH ALLOWANCE (FHA) CONTRIBUTION AMOUNT IS CONTAINED IN EACH ENROLLMENT TIER. EMPLOYEES MAY USE ALL OR PART OF THEIR FHA TO PURCHASE MEDICAL, DPO PLUS DENTAL AND/OR DEPENDENT VISION. UNUSED FHA WILL BE FORFEITED. EMPLOYEES MUST BE ENROLLED IN A COUNTY MEDICAL PLAN TO PARTICIPATE.

FHA MAY NOT BE APPLIED TO CALPERS ADMIN FEE.