

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

County contribution based on language for 2023 in Article 10.1.B.3

2023 MONTHLY COUNTY CONTRIBUTIONS		
	MEDICAL	FHA
EE	151.00	776.68
EE + 1	151.00	1,606.71
EE + 2	151.00	2,134.02

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	927.68	151.00	776.68	107.53	3.42	110.95	55.47
EE + 1	2,070.42	1,757.71	151.00	1,606.71	312.71	6.83	319.54	159.77
EE + 2	2,691.55	2,285.02	151.00	2,134.02	406.53	8.88	415.41	207.71

BLUE SHIELD TRIO HMO (Dignity Health Medical Network)

EE	888.94	888.94	151.00	737.94	0.00	2.93	2.93	1.47
EE + 1	1,777.88	1,757.71	151.00	1,606.71	20.17	5.87	26.04	13.02
EE + 2	2,311.24	2,285.02	151.00	2,134.02	26.22	7.63	33.85	16.92

ANTHEM HMO SELECT (Dignity Health Medical Network)

EE	1,128.83	927.68	151.00	776.68	201.15	3.73	204.88	102.44
EE + 1	2,257.66	1,757.71	151.00	1,606.71	499.95	7.45	507.40	253.70
EE + 2	2,934.96	2,285.02	151.00	2,134.02	649.94	9.69	659.63	329.81

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

EE	1,210.71	927.68	151.00	776.68	283.03	4.00	287.03	143.51
EE + 1	2,421.42	1,757.71	151.00	1,606.71	663.71	7.99	671.70	335.85
EE + 2	3,147.85	2,285.02	151.00	2,134.02	862.83	10.39	873.22	436.61

HEALTHNET SMARTCARE HMO (Dignity Health Medical Network)

EE	1,174.50	927.68	151.00	776.68	246.82	3.88	250.70	125.35
EE + 1	2,349.00	1,757.71	151.00	1,606.71	591.29	7.75	599.04	299.52
EE + 2	3,053.70	2,285.02	151.00	2,134.02	768.68	10.08	778.76	389.38

KAISER HMO

EE	913.74	913.74	151.00	762.74	0.00	3.02	3.02	1.51
EE + 1	1,827.48	1,757.71	151.00	1,606.71	69.77	6.03	75.80	37.90
EE + 2	2,375.72	2,285.02	151.00	2,134.02	90.70	7.84	98.54	49.27

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

EE	825.61	825.61	151.00	674.61	0.00	2.72	2.72	1.36
EE + 1	1,651.22	1,651.22	151.00	1,500.22	0.00	5.45	5.45	2.72
EE + 2	2,146.59	2,146.59	151.00	1,995.59	0.00	7.08	7.08	3.54

PERS PLATINUM PPO (formerly PERSCare and PERS Choice)

EE	1,200.12	927.68	151.00	776.68	272.44	3.96	276.40	138.20
EE + 1	2,400.24	1,757.71	151.00	1,606.71	642.53	7.92	650.45	325.23
EE + 2	3,120.31	2,285.02	151.00	2,134.02	835.29	10.30	845.59	422.79

PORAC (available to only PORAC Association members)

EE	825.00	825.00	151.00	674.00	0.00	2.72	2.72	1.36
EE + 1	1,875.00	1,757.71	151.00	1,606.71	117.29	6.19	123.48	61.74
EE + 2	2,300.00	2,285.02	151.00	2,134.02	14.98	7.59	22.57	11.29

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.