

**LAW ENFORCEMENT & SHERIFF'S SUPERVISORY UNIT
MONTHLY PREMIUMS & COUNTY CONTRIBUTIONS
FOR CALENDAR YEAR 2023**

County contribution based on 80/80/80 of the 2023 premium for Blue Shield Access+

| 2023 MONTHLY COUNTY CONTRIBUTIONS | | |
|-----------------------------------|---------|----------|
| | MEDICAL | FHA |
| EE | 151.00 | 677.17 |
| EE + 1 | 151.00 | 1,505.34 |
| EE + 2 | 151.00 | 2,002.24 |

| 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 | |

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

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|------|--------|--------|
| EE | 1,035.21 | 828.17 | 151.00 | 677.17 | 207.04 | 3.42 | 210.46 | 105.23 |
| EE + 1 | 2,070.42 | 1,656.34 | 151.00 | 1,505.34 | 414.08 | 6.83 | 420.91 | 210.46 |
| EE + 2 | 2,691.55 | 2,153.24 | 151.00 | 2,002.24 | 538.31 | 8.88 | 547.19 | 273.60 |

BLUE SHIELD TRIO HMO (Dignity Health Medical Network)

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|------|--------|-------|
| EE | 888.94 | 828.17 | 151.00 | 677.17 | 60.77 | 2.93 | 63.70 | 31.85 |
| EE + 1 | 1,777.88 | 1,656.34 | 151.00 | 1,505.34 | 121.54 | 5.87 | 127.41 | 63.70 |
| EE + 2 | 2,311.24 | 2,153.24 | 151.00 | 2,002.24 | 158.00 | 7.63 | 165.63 | 82.81 |

ANTHEM HMO SELECT (Dignity Health Medical Network)

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|------|--------|--------|
| EE | 1,128.83 | 828.17 | 151.00 | 677.17 | 300.66 | 3.73 | 304.39 | 152.19 |
| EE + 1 | 2,257.66 | 1,656.34 | 151.00 | 1,505.34 | 601.32 | 7.45 | 608.77 | 304.39 |
| EE + 2 | 2,934.96 | 2,153.24 | 151.00 | 2,002.24 | 781.72 | 9.69 | 791.41 | 395.70 |

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

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|-------|----------|--------|
| EE | 1,210.71 | 828.17 | 151.00 | 677.17 | 382.54 | 4.00 | 386.54 | 193.27 |
| EE + 1 | 2,421.42 | 1,656.34 | 151.00 | 1,505.34 | 765.08 | 7.99 | 773.07 | 386.54 |
| EE + 2 | 3,147.85 | 2,153.24 | 151.00 | 2,002.24 | 994.61 | 10.39 | 1,005.00 | 502.50 |

HEALTHNET SMARTCARE HMO (Dignity Health Medical Network)

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|-------|--------|--------|
| EE | 1,174.50 | 828.17 | 151.00 | 677.17 | 346.33 | 3.88 | 350.21 | 175.10 |
| EE + 1 | 2,349.00 | 1,656.34 | 151.00 | 1,505.34 | 692.66 | 7.75 | 700.41 | 350.21 |
| EE + 2 | 3,053.70 | 2,153.24 | 151.00 | 2,002.24 | 900.46 | 10.08 | 910.54 | 455.27 |

KAISER HMO

| | | | | | | | | |
|--------|----------|----------|--------|----------|--------|------|--------|--------|
| EE | 913.74 | 828.17 | 151.00 | 677.17 | 85.57 | 3.02 | 88.59 | 44.29 |
| EE + 1 | 1,827.48 | 1,656.34 | 151.00 | 1,505.34 | 171.14 | 6.03 | 177.17 | 88.59 |
| EE + 2 | 2,375.72 | 2,153.24 | 151.00 | 2,002.24 | 222.48 | 7.84 | 230.32 | 115.16 |

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 | 828.17 | 151.00 | 677.17 | 371.95 | 3.96 | 375.91 | 187.96 |
| EE + 1 | 2,400.24 | 1,656.34 | 151.00 | 1,505.34 | 743.90 | 7.92 | 751.82 | 375.91 |
| EE + 2 | 3,120.31 | 2,153.24 | 151.00 | 2,002.24 | 967.07 | 10.30 | 977.37 | 488.68 |

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 | 1,656.34 | 151.00 | 1,505.34 | 218.66 | 6.19 | 224.85 | 112.42 |
| EE + 2 | 2,300.00 | 2,153.24 | 151.00 | 2,002.24 | 146.76 | 7.59 | 154.35 | 77.18 |

DELTA PREFERRED OPTION (DPO) PLUS DENTAL COVERAGE

| | | | | | | | | |
|--|--|--|--|--|--|--|-------|-------|
| EE+1 OR MORE DEPENDENTS - ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | 48.00 | 24.00 |
|--|--|--|--|--|--|--|-------|-------|

VISION SERVICE PLAN

| | | | | | | | | |
|--|--|--|--|--|--|--|-------|------|
| 1 OR MORE DEPENDENTS -- ONE FULL YEAR OF ENROLLMENT REQUIRED | | | | | | | 17.84 | 8.92 |
|--|--|--|--|--|--|--|-------|------|

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.