

**LAW ENFORCEMENT MIDDLE MANAGEMENT
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
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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.